

INS. CASE OWNER:

TE

cc 4, Asm/8005470, T1 uas

LKK:  
IDAC:

36224

Surveyor:

Taufik

DOI:

ASSIGNMENT

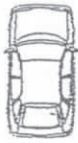
23/3/18

Date / Time :

22/03/2018

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SDF 56K

Name of Insured : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A: 21/03/2018

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SKW 153RINSRS:  
WSP: Hitachi  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time

SKW 153R - X ; SDF 56K - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

26/3

Sent By:

hmr

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

(Tick only one)

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent )

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

