

ASSIGNMENT

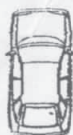
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SUA 3603T
Name of Insured : OHANUKU SUNDHARA NIKAMARUClaim No. : 58M000BB5 / 39595

Insured Tel No. : _____ HP: _____

Policy No. : 13725690

Excess Sec II : \$

D.O.A : 6/4/18Make / Model : BmwPlace of Accident : RAPPLES TOWN CLUBIs driver the owner? (YES / NO)Nature of Accident : TRAFFIC LIGHTIf NO, Driver Name / Age : KARAWARU KAPRI KARAKUMARUOI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO) Super

Insured Liability : % Final ? Yes / No

SB 62

INSRS:
WSP:
Tel : ck
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
12/4/18	SB 62 - X	Non-Reporting ltr (1st):	
12/4/18	SUA 3603T - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
13/4/18		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:	
11/3/2020	To cancel. NO survey.		
16/3/2020	File -> SUE to clear/cancel		

PRELIMINARY ADVICE		Date/Time:	Sent By:		Confirm by:	
Repair Cost:	\$	(days)	Reduction:	%	Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:		Email ☐ Call ☐	
Final Liability:	%	50	(Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :	
Repair Cost:	\$				conditioning.	
Loss of Rental (LOR):	\$	(days)				
Loss of Use (LOU):	\$	(\$ x days)				
Loss of Income (LOI):	\$	(\$ x days)				
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	\$				1) Claim status: Normal/Reject/Private Settle	
Medical:	\$				2) Report Format:	
Disbursement:	\$	(e.g. Tow/ Independent)			3) Survey fee:	
Legal Cost	\$					
Total:	\$		Global Sum \$:			
FINAL PAYMENT		Date/Time:	Confirm with:		Email ☐ Call ☐	
Payee 1:	\$		Name 1:			
Payee 2: (Strike if N.A.)	\$		Name 2:			
Payee 3: (Strike if N.A.)	\$		Name 3:			