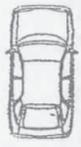


**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time: 24/7/18  
 Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE

X09318U

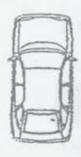


Insured Vehicle No. : \_\_\_\_\_  
 Name of Insured : WNB MOTORHUBS SVS P/L  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II : \$\$ D.O.A. : 18/7/18  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : 88m wwp ok  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : inside Leppel birstpark.

If NO, Driver Name / Age : \_\_\_\_\_ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO) Insured Liability : % Final ? Yes / No

YP9910J



INRS: \_\_\_\_\_  
 WSP: Asw  
 Tel: Automob  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date / Time	STAGE	DATE / PIC
<u>27/11</u>	Non-Reporting ltr (1st):	
<u>28/11</u>	Non-Reporting ltr (2nd):	
<u>28/11</u>	Non-Reporting ltr (Final):	
<u>28/11</u>	Notification ltr (if non-pickup):	
<u>26/9/18</u>	Call OI:	<u>88m 21/11/18</u>
<u>18/11/18</u>	After call ltr to OI:	
<u>20/12/18</u>	Documentation Check List:	Handler Typist
<u>21/12/18</u>	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
<u>11/3/20</u>	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD:	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_

Repair Cost: \$\$ ( \_\_\_\_\_ days) Reduction: % Email  Call

**FINAL SETTLEMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIC  
 If NO or B 28, Ass. Lia : \_\_\_\_\_

Repair Cost: \$\$

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: \$\$

Medical: \$\$

Disbursement: \$\$ (e.g. Tow/ Independent)

Legal Cost: \$\$

**Total:** \$\$ **Global Sum SS:** \_\_\_\_\_

**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: \_\_\_\_\_