

ASSIGNMENT

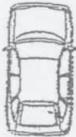
Surveyor: _____

DOI: _____

Date / Time: 22/05/2019

Pre-assign / CCU / FTE

Registered in Merimen: 225119



Insured Vehicle No. : SH 65412

Claim No. : _____

Name of Insured : CTP

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS D.O.A : 20/05/2019

Place of Accident : _____

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

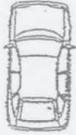
If NO, Driver Name / Age :

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

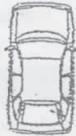
Driver Tel No. : (V/L: YES/NO)

Insured Liability : % Final ? Yes / No

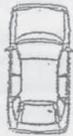
SGF 86648



INSRS: WSP: Modern Auto
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SGF 86648 - NA/INC 18014021/Bh4 - DOA 01/08/2018
- NA/INC 1801936/h4 - DOA 17/06/2018
- NA III 18002142/24 - DOA 29/10/2017
SH 65412 - NS/ANC 1104878/Mlyk3 - DOA 17/06/2014

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:	

17/7/19 Seek liability under via merimen.
liability 50% via Merimen.
Email workshop liability @ 50%.

24.05.20 INFORM IN CLAIMANT DID NOT SENT IN THE VEH FOR SURVEY / REPAIR.

✓ CANCEL CASE DUE TO NO SURVEY DONE.

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: % 50 (Agreed / Assessed) BOLA S/N No. : NIL
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 \$\$:

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: _____

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee: