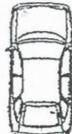


**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time: \_\_\_\_\_ Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE: SHD 5310 G



Insured Vehicle No. : \_\_\_\_\_  
 Name of Insured : TIC SWS PTL  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II : SS 5,000.00 D.O.A. : 22/5/19  
 Is driver the owner? ( YES /  ) Nature of Accident : \_\_\_\_\_

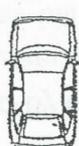
Claim No. : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_

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

XE 1312H



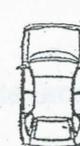
INSRS: \_\_\_\_\_  
 WSP: Sh Shy.  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	<u>15/7/2019</u>
	Non-Reporting ltr (2nd):	<u>31/7/2019</u>
	Non-Reporting ltr (Final):	<u>25/09/2019</u>
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	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"/>

XE 1312H - MATACH 6010634/h4 ; 00% 6/6/19  
SHD 5310 G - 6/17/19 01 0026 / Kewl ; 00% 10/9/19

18/7 OIR - file pass to Sn

11/10 Sent first reminder letter to driver  
22/10 - email TP of cancel case as OI has private settle to TP previously.  
- pending my new sign.

30/10/19 NO SURVEY DONE

20/10 - file pass Admin to close

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:
<b>FINALIZATION</b>	Date/Time:	Confirm with:
Repair Cost:	\$S	( days) Reduction: %
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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 <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$S	
Medical:	\$S	
Disbursement:	\$S	(e.g. Tow/ Independent)
Legal Cost	\$S	
<b>Total:</b>	\$S	Global Sum \$S:
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:
Payee 1:	\$S	Name 1:
Payee 2: (Strike if N.A.)	\$S	Name 2:
Payee 3: (Strike if N.A.)	\$S	Name 3:

**CANCEL CASE**

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