

Surveyor:

Kenneth

DOI:

ASSIGNMENT

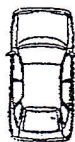
24/5/19

Date / Time :

24/5/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMG 5419C

Claim No. :

Name of Insured :

SIN GUILI

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$S

D.O.A :

22/5/19

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L YES / NO)

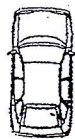
OI GIA REPORT YES / NO ; TP GIA REPORT YES / NO

Insured Liability :

%

Final ? Yes / No

SHB 9872K



INSRS:

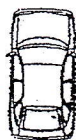
WSP:

Tel :

Liability :

RMKS:

Trans-cab



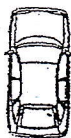
INSRS:

WSP:

Tel :

Liability :

RMKS:



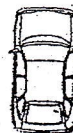
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHB 9872K - CLAIMS G170 24707/KGBN2; 2007/1/19
SMG 5419C. X

- PINAUBED.

- ORIGINAL TP LOD IN

24/6/19

Called OI to inform TP claim. OI mentioned
she has video evidence which was sent to
the CTI, will remove the video footage
from our end from CTI before we, letter sent.

- OI SCENE PHOTOS IN

- REQUESTED OI VIDEO THRU OI.

- OI VIDEO IN. V PRIVE/VICTIMS SH9C

- TO RESTOR CLAIM

- BUILD TO OI FOR RESTORATION APPROVAL

04/07/19

- CTI AGREED RESTORATION.

- SEND RESTOR BUILD TO TP.

- TO CLOSE.

20/07/19

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: 24/06/19 - JAWAY

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: 20/07/19

Sent By: QB

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L16

\$S 1,850.00 (2 days) Reduction: 92 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

0% (Agreed / Assessed) BOLA S/N No. : NIL

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 100.00

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:

-