

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

GBF 5600E



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$S

D.O.A. : _____

Place of Accident : _____

Is driver the owner? (YES / NO)

(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

SKP 8990A



INSRS:

WSP:

Tel :

Liability :

RMKS:

pmc



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

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:	☐ ☐

SKP 8990A - X ; GBF 5600E - X

19/08/19

IF O/I WAS TRAVELLING ALONG MAIN ROAD INSTEAD OF CTE THEN WE HAVE A GOOD CASE TO REJECT TP CLAIM. PLEASE CONFIRM WITH O/I DRIVER.

17-01-20

TO CANCEL. NO SURVEY DONE

17/1/2020

- 2146 AMU TO MMU

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$S

(

days) Reduction:

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐Call ☐

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

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

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$S

Global Sum \$S:

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: