

Surveyor:

LWP

DOI:

ASSIGNMENT

8/8/19

Date / Time:

8/8/19

Registered in Merimen:

13/8/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SME 6039U

Name of Insured:

BS MOTOR P/L

Insured Tel No.:

HP:

Claim No.:

019406018166

Policy No.:

Excess Sec II :SS

D.O.A.:

8/8/2019

Make / Model:

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

SLD910K



INSRS:

WSP:

Tel:

Liability:

RMKS:

Chew Mui



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date/ Time |   | STAGE                             | DATE / PIC               |
|------------|---|-----------------------------------|--------------------------|
|            | SLD910K - X: SME6039U - X   | Non-Reporting ltr (1st):          |                          |
|            |   | Non-Reporting ltr (2nd):          |                          |
|            |   | Non-Reporting ltr (Final):        |                          |
|            |   | Notification ltr (if non-pickup): |                          |
|            |   | Call OI:                          |                          |
| 15/8       | OLMR. to send 1st letter.   | After call ltr to OI:             | K/08/19-JIC              |
| 16/08/19   | MUR KUBAWD. CONDUCTING OPERATIONS. CUTTING CABLE. OLD REPORTED OUT VIDEO FOOTAGE. | Documentation Check List:         | Handler Typist           |
|            |   | Notification ltr (if non-pickup)  | <input type="checkbox"/> |
|            |   | After call ltr to OI:             | <input type="checkbox"/> |
|            |   | Authorisation To Act:             | <input type="checkbox"/> |
|            |   | Release Voucher:                  | <input type="checkbox"/> |
| 16/08/19   | EMAIL TO AIG FOR REASON APPROVAL  | Final Repair Bill:                | <input type="checkbox"/> |
|            |   | Car Rental Invoice:               | <input type="checkbox"/> |
|            |   | Towing Invoice                    | <input type="checkbox"/> |
|            |   | LTA / GIA:                        | <input type="checkbox"/> |
|            |   | Medical Bill:                     | <input type="checkbox"/> |
| 24/9/2019  | reject case.  | PIR:                              | <input type="checkbox"/> |
|            |   | Mandate/Reject Instruction:       | <input type="checkbox"/> |
|            |   | LOD                               | <input type="checkbox"/> |
|            |   | Payment Breakdown Form:           | <input type="checkbox"/> |
|            |   | Post-Repair Photos:               | <input type="checkbox"/> |
|            |   | Others:                           | <input type="checkbox"/> |

|                                   |                                   |                                    |  |
|-----------------------------------|-----------------------------------|------------------------------------|--|
| PRELIMINARY ADVICE                |                                   | Date/Time:                         | Sent By:   |
| FINALIZATION                      |                                   | Date/Time:                         | Confirm with:                                      |
| Repair Cost:                      | L/S                               | SS 4,900.00                        | ( 5 days) Reduction: 35.57 %                       |
| FINAL SETTLEMENT                  |                                   | Date/Time:                         | Confirm with:                                      |
| Final Liability:                  | %                                 | (Agreed / Assessed) BOLA S/N No.:  | 15.  |
| Repair Cost:                      | SS                                | —                                  |  |
| Loss of Rental (LOR):             | SS                                | (                                  | days)  |
| Loss of Use (LOU):                | SS                                | (\$                                | x days)  |
| Loss of Income (LOI):             | SS                                | (\$                                | 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                    | SS                                | —                                  |  |
| Medical:                          | SS                                | —                                  |  |
| Disbursement:                     | SS                                | (e.g. Tow/ Independent)            |  |
| Legal Cost                        | SS                                | —                                  |  |
| Total:                            | SS                                | Global Sum SS:                     |  |
| FINAL PAYMENT                     |                                   | Date/Time:                         | Confirm with:                                      |
| Payee 1:                          | SS                                | Name 1:                            | —  |
| Payee 2: (Strike if N.A.)         | SS                                | Name 2:                            | —  |
| Payee 3: (Strike if N.A.)         | SS                                | Name 3:                            | —  |