

CC4 / AIG190 20652, A^Pkb

Surveyor:

Adrian

DOI:

ASSIGNMENT

20/11/19

Date / Time:

20/11/19

Registered in Merimen:

21/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 3481A

Name of Insured : KWAN HWEI CHOO

Insured Tel No. : HP:

Excess Sec II : \$\$ D.O.A : 21/11/19

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

If NO, Driver Name / Age : KOH JERROLD

Driver Tel No.:

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

GBD 21875

INSRS:
WSP:
Tel:
Liability:
RMKS:All
AutolutionINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
GBD 21875 - X	Non-Reporting ltr (1st):	
SMD 3481A - X	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	8/1/2020 e-mail only
	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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: LAMM

SS 3000.00

(4

days) Reduction: 78

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time: 9/1/2021

Confirm with

Anna

Email ☐Call ☐

Final Liability:

SS 000

(Agreed / Assessed)

BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost:

SS 3000.00

Loss of Rental (LOR):

SS

days)

Loss of Use (LOU):

SS 320.00

(\$ 80

x 4

days)

Loss of Income (LOI):

SS

(\$

x

days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

SS 36.45

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

SS 3356.45

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

SS 3356.45

Name 1:

Ace Autolution PR tel.

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3: