

INS. CASE OWNER:

CC 4 / ALG 2000 4069 / KKS3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Icenneth

DOI:

17/3/2020

Date / Time:

13/3/2020

Registered in Merimen:

16/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 7318C

Claim No. : \_\_\_\_\_

Name of Insured : Basra Rajan Singh

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 8/3/2020

Place of Accident : \_\_\_\_\_

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

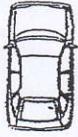
If NO, Driver Name / Age :

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

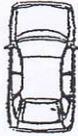
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SKC 23555



INSRS: WSP: cheng Hoe  
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):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> 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"/>
	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"/>
	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"/>

SKC23555 : x ; SMF7318C : x

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Confirm with:	Confirm by:
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	US \$ 2250.00 ( 2 days)	Reduction:	43 %	
<b>FINAL SETTLEMENT</b>	Date/Time: 21/3/2020	Confirm with:	June	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	27	If NO or B 28, Ass. Lia :
Repair Cost:	US \$ 2407.50			
Loss of Rental (LOR):	US \$ 214.00 ( 2 days)	x \$ 100.00		
Loss of Use (LOU):	US \$ - (\$ x days)			
Loss of Income (LOI):	US \$ - (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	US \$ 8.00			
Medical:	US \$ -			1) Claim status: Normal/Reject/Private Settle
Disbursement:	US \$ - (e.g. Tow/Independent)			2) Report Format: <input checked="" type="checkbox"/>
Legal Cost	US \$ -			3) Survey fee: \$ 320.00
<b>Total:</b>	US \$ 2629.50	<b>Global Sum SS:</b>	2600.00	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Confirm by:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	US \$ 2600.00	Name 1:	Cheng Hoe Motor pte ltd	
Payee 2: (Strike if N.A.)	US \$ -	Name 2:		
Payee 3: (Strike if N.A.)	US \$ -	Name 3:		