

INS. CASE OWNER:

CC 4 / FWD2000 4257 1 ps3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

19/3/2020

Registered in Merimen:

19/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKX 6321 C

Claim No. : _____

Name of Insured : Danny Soh See Joe

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$5 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

SMG 1147M

INSRS:
WSP: Jin Auto
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SMG 1147M : CS / CTI 19015992 / K143n2, DOA: 8/3/19
SKX 63

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: ☐ ☐

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: \$5 (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: \$5 (days)

Loss of Rental (LOR): \$5 (x days)

Loss of Use (LOU): \$5 (\$ x days)

Loss of Income (LOI): \$5 (\$ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search \$5

Medical: \$5

Disbursement: \$5 (e.g. Tow/ Independent)

Legal Cost \$5

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total: \$5 Global Sum \$5:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: \$5 Name 1:

Payee 2: (Strike if N.A.) \$5 Name 2:

Payee 3: (Strike if N.A.) \$5 Name 3: