

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

20/03/2020

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJV 2986H

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A : 17/03/2020

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident : BEFORE JOHOR BAHRU CUSTOM CHECKPOINT

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

SMJ 3766Y



INSRS:

WSP: CITY AUTO

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



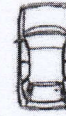
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SMJ 3766Y - NA/CTI20004239/z4	17/03/2020	Non-Reporting ltr (1st):
SJV 2986H - NA/CTI20004239/z4	17/03/2020	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: ☐ ☐
07/01/2021	REJECTION EMAIL SEND TP - OI SUCCESSFULLY CLAIM AGAINST TP	
	MR YEW TO CHOP + SIGN	
Reject Case By (staff) : Cecilia Approved by : <i>[Signature]</i> Date : 07/01/21		
PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: P/P	S\$ 844.16	(2 days) Reduction: 891.60 % 51
FINAL SETTLEMENT Date/Time: Confirm with: Confirm by:		
Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No. :
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\$	
Total:	S\$	Global Sum S\$:
FINAL PAYMENT Date/Time: Confirm with: Confirm by:		
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: REJECT
 3) Survey fee: \$400.00 ~~\$350.00~~