

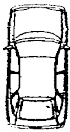
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **PD 512J**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$S D.O.A : **23/03/2020**

Place of Accident : _____

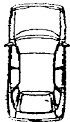
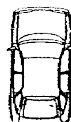
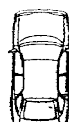
Is driver the owner? (YES / NO) Nature of Accident : _____

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****YN 2549B**INSRS:
WSP: **HOCK WAH**
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:	
		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:	\$S _____ 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:	\$S _____		
Loss of Rental (LOR):	\$S _____ (_____)		
Loss of Use (LOU):	\$S _____ (\$ _____ x _____)		
Loss of Income (LOI):	\$S _____ (\$ _____ x _____ days) _____		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [check only one]			
GIA/LTA Search	\$S _____		
Medical:	\$S _____		
Disbursement:	\$S _____ (e.g. Towage, Transport)		
Legal Cost	\$S _____		
Total:	\$S _____ Total Sum \$S: _____		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	\$S _____ Name 1: _____		
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____		