

Surveyor: KENNETH

ASSIGNMENT  
DOI: 28/05/2020

Date / Time: 28/05/2020

Registered in Motorist: \_\_\_\_\_

Pre-assign / CCU / FTR



Insured Vehicle No. : YP 6405X

Claim No. : 10/20/20/0005/023367

Name of Insured : \_\_\_\_\_

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

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

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

Excess Sec II : \$S \_\_\_\_\_ D.O.A. : 27/05/2020

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

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

If NO, Driver Name / Age : \_\_\_\_\_

OLGIA REPORT: YES / NO : \_\_\_\_\_ TP OIA REPORT: YES / NO : \_\_\_\_\_

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

Insured Liability : % Final / Yes / No

SHD 5271K →



INSRS:  
WSP: TRANS-CAB  
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 Ir (1st)	
	Non Reporting Ir (2nd)	
	Non Reporting Ir (Final)	
	Notification Ir (if non pickup)	
	Call OI	
	After call Ir to OI	
	Documentation Check List: Handler Typist	
	Notification Ir (if non pickup)	<input type="checkbox"/>
	After call Ir 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 / OIA	<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"/>

**Reject Case**  
 By (staff) : Jayve  
 Approved by : Y.  
 Date : 04/09/20

-insured report no collision

04/09/2020 REJECT TP CLAIM

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

FINALIZATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
Repair Cost: P/P \$S 2,175.43 ( 2.5 days) Reduction: 91.39 % 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 \_\_\_\_\_ ( \_\_\_\_\_ 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: \_\_\_\_\_

1) Claim status: Norm  Reject  Private Settle

2) Report Format \_\_\_\_\_

3) Survey fee: \$400.00

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: \_\_\_\_\_