

**ASSIGNMENT** Uba3Surveyor: Marcus

DOI: \_\_\_\_\_

Date / Time : 02/06/2020Registered in Merimen: 02/06/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHC 3542YClaim No. : MCT20050220

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

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

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

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

Excess Sec II : \$ \_\_\_\_\_ D.O.A : 29/05/2020

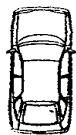
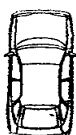
Place of Accident : \_\_\_\_\_

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**SLZ 961ZINSRS:  
WSP: **KAH MOTOR**  
Tel : **UBI**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time			
	SLZ 961Z - X	<b>STAGE</b>	<b>DATE / PIC</b>
	SHC 3542Y - CC4/III19017925/Epa3q2 ; 06.10.2019	Non-Reporting ltr (1st):	
	CC6/III17016520/Ahb3q2 ; 12/08/2017	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List: Handler Typist</b>	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" 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 checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>12/08/2020</b>	<b>SETTLED AND CLOSED</b>		
<b>PRELIMINARY ADVICE</b>	Date/Time: _____	Sent By: _____	
<b>FINALIZATION</b>	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: <b>P/P</b>	S\$ <b>1,583.49</b> ( <b>3</b> days) Reduction: <b>39.77</b> %	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>11/08/2020</b> Confirm with <b>CS LIM</b>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>23</b>	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <b>1,694.33</b>		
Loss of Rental (LOR):	S\$ ( _____ days)	Insured driver moving out from parking lot and hit parked third party.	
Loss of Use (LOU):	S\$ <b>180.00</b> (\$ <b>60</b> x <b>3</b> days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ _____		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	S\$ _____	3) Survey fee: <b>\$350.00</b>	
<b>Total:</b>	<b>S\$ 1,874.33</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____	Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <b>1,874.33</b>	Name 1:	<b>KAH MOTOR CO SDN BHD</b>
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	