

INS. CASE OWNER:

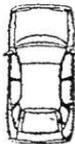
CC 3 / CTI 2000 6617 / T1es3

LKK:
IDAC:

ASSIGNMENT

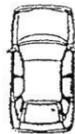
Surveyor: TAUFIKH DOI: 23/06/2020 Date / Time : 23/06/2020
Registered in Merimen: —

Pre-assign / CCU / FTE

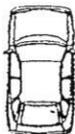


Insured Vehicle No. : SKX 2827L Claim No. : _____
Name of Insured : MUHAMMAD NAZREE BIN ABDUL RAHIM Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : SS D.O.A : 23/06/2020 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, 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

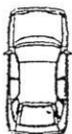
SHA 9517S



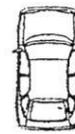
INSRS:
WSP: COMFORTDELGRO
Tel: (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|---|---|--|
| | SHA 9517S : CS/FCI17015679/Agbn2 ; DOA : 30/07/2017 | |
| | SKX 2827L : X | |
| | 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) | <input type="checkbox"/> |
| | After call ltr 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 / GIA : | <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"/> |
| PRELIMINARY ADVICE Date/Time: | Sent By: | |
| FINALIZATION Date/Time: | Confirm with: | Confirm by: |
| Repair Cost: S\$ | (days) Reduction: % | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: | Confirm with: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| 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 <input type="checkbox"/> LOU only <input 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: |
| Legal Cost | S\$ | 3) Survey fee: |
| Total: S\$ | Global Sum S\$: | |
| FINAL PAYMENT Date/Time: | Confirm with: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: | S\$ | Name 1: |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: |