

INS. CASE OWNER:

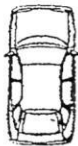
CC 4 / FWD2000 7069 / Dgs3

LKK:
IDAC:

ASSIGNMENT

Surveyor: BRYANDOI: 08/07/2020Date / Time : 07/07/2020Registered in Merimen: 07/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDY 8200H
 Name of Insured : TAN YAN SENG JONATHAN
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$\$ D.O.A : 17/06/2020
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

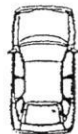
If NO, Driver Name / Age :

Driver Tel No. :

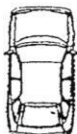
(V/L ☒ YES / NO)OI GIA REPORT ☒ YES / NO ; TP GIA REPORT ☒ YES / NO

Insured Liability : % Final ? Yes / No

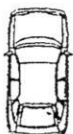
FBQ 3013E



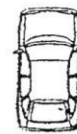
INSRS:
WSP: S9 MOTOR
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	FBQ 3013E : X ; SDY 8200H : X	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 (_____ 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	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 ☐ Call ☐	
Payee 1:	\$S Name 1: _____		
Payee 2: (Strike if N.A.)	\$S Name 2: _____		
Payee 3: (Strike if N.A.)	\$S Name 3: _____		