

INS. CASE OWNER:

CC 4 / ASM 2000 7269 / Bps3

LKK:

IDAC:

ASSIGNMENT

Surveyor: LTGDOI: 14/07/2020Date / Time : 14/07/2020Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 605P
 Name of Insured : CHOW JU CHUEN JEFFREY
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 11/07/2020
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

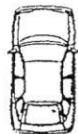
If NO, Driver Name / Age :

Driver Tel No. :

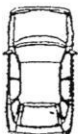
(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : _____ % Final ? Yes / No

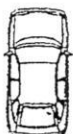
SLM 2946Y



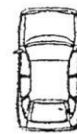
INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLM 2946Y : X ; SLN 605P : 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:	