

ASSIGNMENT

Surveyor: TaufikhDOI: 14/08/2020Date / Time: 14/08/2020Registered in Meriman: 14/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKT 2951G
 Name of Insured : WEE KUEI KOON (WEI GUIKUN)
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 13/08/2020
 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

SHA 1914G



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



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time	SHA 1914G : CC4/III19018888/R1gs3q2 ; DOA : 19/10/2019 SKT 2951G : 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: _____	Confirm by: MTH	
FINALIZATION	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Repair Cost: L/S	\$S 1,500.00 (3 days) Reduction: 31 %		
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 / Public	
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S	3) Survey fee: \$320	
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:		

Reject Case

By (staff) : Shu
 Approved by : Yr
 Date : 20/11/20