

INS. CASE OWNER:

CC 4 / AIG 2000 9562 / Kks3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KennethDOI: 10/09/2020Date / Time : 08/09/2020Registered in Merimen: 08/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SKP 5287S

Claim No. : _____

Name of Insured : ANTON CHAN LIAN SENG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 04/09/2020

Place of Accident : _____

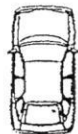
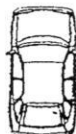
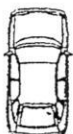
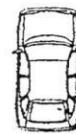
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SDU 1750D

INSRS:
WSP: LIM TAN
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SDU 1750D : X	
	SKP 5287S : CS/SMO20009514/Uyf3 ; DOA : 04/09/2020	
	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: \$\$	(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: \$\$		
Loss of Rental (LOR): \$\$	(days)	
Loss of Use (LOU): \$\$	(\$ x days)	
Loss of Income (LOI): \$\$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	SS	
Medical:	SS	1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	SS	3) Survey fee:
Total: \$\$	Global Sum SS:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: SS	Name 1:	
Payee 2: (Strike if N.A.) SS	Name 2:	
Payee 3: (Strike if N.A.) SS	Name 3:	