

Surveyor:

Adrian

DOI:

ASSIGNMENT

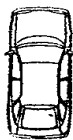
14/12/2020

Date / Time :

15/12/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 7174X

Claim No. :

Name of Insured : BENGAWAN SOLO PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A:12/12/2020

Place of Accident : _____

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

If **NO**, Driver Name / Age :

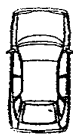
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

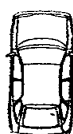
(V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Other		

GBG 3544S



INRS:
WSP: LC AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	GBG 3544S : X GBC 7174X : CS/CTI20013881/d3 ; DOA : 12/12/2020	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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$ \$ (days) Reduction:	% Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Cal ☐
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 + LC ☐ [Tick only one]			
GIA/LTA Search	\$ \$		
Medical:	\$ \$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$ \$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$ \$	3) Survey fee:	
Total:	\$ \$ Global Sum \$ \$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	\$ \$ Name 1:		
Payee 2: (Strike if N.A.)	\$ \$ Name 2:		
Payee 3: (Strike if N.A.)	\$ \$ Name 3:		