

ASSIGNMENT

Surveyor:

Taufikh

DOI:

07/04/2021

Date / Time : 07/04/2021

Registered in Merimen: 07/04/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 8886U

Claim No. : _____

Name of Insured : SAIFUL NIZAM BIN OSMAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 03/04/2021

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. :

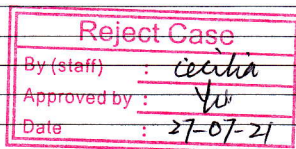
(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SHC 3154J

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

Date/ Time	STAGE	DATE / PIC
	SHC 3154J : CC3/AIG08029965/Caw ; DOA : 07/11/2008	
	SLW 8886U : X	
	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 :	☐
12/07/2021	REJECTION EMAIL TO TP - TP ENCROACHED INTO OI LANE	
	MR YEW TO CHOP + SIGN	
	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:
Repair Cost: P/P	S\$ \$2,504.36	(3 days)	Reduction: \$900.12 % 26
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. :
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 + LO ☐ [Tick only one]
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

Confirm by:

Email ☐ Call ☐Email ☐ Call ☐

If NO or B 28, Ass. Lia :

1) Claim status: Normal/ ☒ Reject/Private Settle

2) Report Format: REJECT

3) Survey fee: \$320.00