

**ASSIGNMENT**Surveyor: KENNETHDOI: 04/10/2021Date / Time : 04/10/2021Registered in Merimen: 04/10/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SFE 8803A

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_

HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$

D.O.A : 30.09.2021 08:55

Place of Accident : \_\_\_\_\_

Is driver the owner?

( YES / NO )

Nature 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

GBC 4378U
 INSRs:  
 WSP: KUM CHEW  
 Tel : MOTOR  
 Liability : WORKSHOP  
 RMKS:

 INSRs:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

 INSRs:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

 INSRs:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

Date/ Time	GBC 4378U - X	SFE 8803A - 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:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:		
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by: <u>KSC</u>	
Repair Cost:	<u>L/S \$5,300.00</u>	( <u>5</u> days) Reduction:	<u>43</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>0</u>	(Agreed / Assessed) BOLA S/N No. :	<u>27</u>	
Repair Cost:	\$	TP REAR ENDED OI		
Loss of Rental (LOR):	\$ ( <u>  </u> days)			
Loss of Use (LOU):	\$ ( \$ <u>  </u> x <u>  </u> days)			
Loss of Income (LOI):	\$ ( \$ <u>  </u> x <u>  </u> days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]			
GIA/LTA Search	\$			
Medical:	\$			
Disbursement:	\$ (e.g. Tow/ Independent )	1) Claim status: <u>Normal</u> / Reject / Private Settle		
Legal Cost	\$	2) Report Format: <u>TP/WP</u>		
<b>Total:</b>	\$	<b>Global Sum \$:</b>	3) Survey fee: <u>\$320</u>	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$	Name 1:		
Payee 2: (Strike if N.A.)	\$	Name 2:		
Payee 3: (Strike if N.A.)	\$	Name 3:		

