

ASSIGNMENT

Surveyor: Thevan

DOI: 07/10/2021

Date / Time : 07/10/2021

Registered in Merimen: 07/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : FBL 2423M

Claim No. : _____

Name of Insured : SUDIRMAN BIN HUSSEIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 04/10/2021

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**

FBR 3923Z



INSRS:
WSP: **KARZ WORK**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBR 3923Z : <u>NA/SMO21010305/r3 ; DOA : 04/10/2021</u>		STAGE		DATE / PIC
	FBL 2423M :		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)	<input type="checkbox"/>	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
			LOD	<input type="checkbox"/>	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost:	\$ \$	(_____ days) Reduction:	%	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/>	Cal <input type="checkbox"/>	
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>	[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 <input type="checkbox"/>	Cal <input type="checkbox"/>	
Payee 1:	\$ \$	Name 1:			
Payee 2: (Strike if N.A.)	\$ \$	Name 2:			
Payee 3: (Strike if N.A.)	\$ \$	Name 3:			