

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time: _____

25/10/2021

Registered in Merimen: 25/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLS 9332R

Claim No. : _____

Name of Insured : LAU TENG SIAH

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ D.O.A : 25/09/2021

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

XE 4383H

INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	XE 4383H : X ; SLS 9332R : X	
22/03/2023	TO CANCEL CASE // NO SURVEY DONE	
	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:	\$S (_____ 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:	\$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 + LOI ☐ LOR + Ld ☐ [Tick only one]		
GIA/LTA Search	\$S	
Medical:	\$S	1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$S	3) Survey fee:
Total:	\$S Global Sum \$S:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S Name 1: _____	
Payee 2: (Strike if N.A.)	\$S Name 2: _____	
Payee 3: (Strike if N.A.)	\$S Name 3: _____	