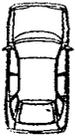


ASSIGNMENT

Surveyor: Adrian DOI: 08/11/2021 Date / Time : 10/11/2021

Registered in Merimen: 10/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLA 9358L

Claim No. : _____

Name of Insured : Paquette Yvon

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 03/11/2021

Place of Accident : _____

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

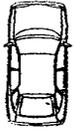
If NO, Driver Name / Age : _____

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

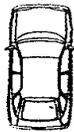
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

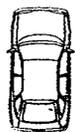
SMD 3270S



INSRS:
WSP: XIN HUA
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	SMD 3270S : <u>NA/AIG21011313/r3 ; DOA : 03/11/2021</u>	STAGE	DATE / PIC
	SLA 9358L :	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"/>

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"/> Call <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"/> Call <input type="checkbox"/>
Payee 1:	\$	Name 1: _____	
Payee 2: (Strike if N.A.)	\$	Name 2: _____	
Payee 3: (Strike if N.A.)	\$	Name 3: _____	