

ASSIGNMENT

Surveyor:

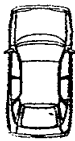
KENNETH

DOI:

Date / Time :

24/05/2022

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SMK 297Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **22.05.2022 22:15**

Place of Accident : _____

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

If NO, Driver Name / Age :

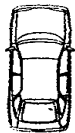
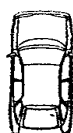
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SMG 5780H**INSRS:
WSP: **HUI YANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SMG 5780H - X**SMK 297Z**

Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Reported By:
 CS/CTI20011210/ETd3e2 26/11/2020 JSE 6680 SMK 297Z 10/10/2020 26/11/2020 NYA
 NA/CTI20000640/r3 10/01/2020 MOHAMAD NAZERI BIN JOHAN SMK 297Z SKG 6048L 09/01/2020 17/01/2020 RBW
 NA/CTI20003018/h4 22/02/2020 MOHAMAD NAZERI BIN JOHAN SMK 297Z PEDESTRIAN 21/02/2020 28/02/2020 LSH

STAGE**DATE / PIC**

Notification ltr (if non-reporting ltr):

Non-Reporting ltr (2nd):

Final Repairing 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 + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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: