15/5/2010

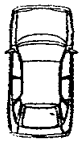
INS. CASE OWNER: OH Vale | CC4/ASM22005321/Uea3 | LKK: IDAC: 263815

ASSIGNMENT

Surveyor: MARCUS DOI: _____ Date / Time : 2.6.22

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE 9596U Claim No. : S2M042HV

Name of Insured : SAHARI BIN MOHAMED NOR Policy No. : GA446361

Insured Tel No. : _____ HP: _____ Make / Model : _____

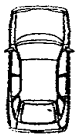
Excess Sec II :S$ _____ D.O.A : 25/05/2022 13:00 Place of Accident : CIQ, MALAYSIA

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

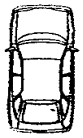
If **NO**, Driver Name / Age : SAHARI BIN MOHAMED NOR OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

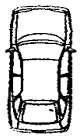
SMC 5419Z → _____ → _____ → _____



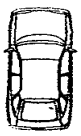
INSRS: NINETEEN AUTOWERKS PTE. LTD.
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
SMC 5419Z	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/ASM21001765/Upa3q2 16/07/2021 SMC 5419Z SHA 3833T 29/01/2021 19/07/2021 HMK CS3/FCI19005180/Gcd3s2 03/04/2019 SMC 5419Z SHB 3681J 20/03/2019 08/04/2019 LST1 1	**STAGE**	**DATE / PIC**
SLE 9596U - X		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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

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$		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:	