

ASSIGNMENTSurveyor: **ADRIAN**DOI: **18/07/2022**Date / Time : **18/07/2022**Registered in Merimen: **21/07/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SDY 1099E**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ \$ D.O.A : **29/06/2022 21:25**

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****SJE 9549E**INSRS:
WSP: **SM**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SJE 9549E	CS/AXA11025411/Nvm 17/02/2012 SJE 9549E GU 1604H 10/12/2011 20/02/2012 CHIA	Non-Reporting ltr (1st):	
SDY 1099E	CS/INC10020753/T1br1 11/11/2010 SGP 9575G SDY 1099E 12/06/2010 16/11/2011 SGP	Non-Reporting ltr (2nd):	
	NA/INC10011501/Ac2 14/06/2010 CHIA CHIEW MENG ROBIN SDY 1099E SGP 9575 12/06/2010 03/01/2011 SW	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:	\$ \$ (_____ 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:	\$ \$		
Loss of Rental (LOR):	\$ \$ (_____ days)		
Loss of Use (LOU):	\$ \$ (\$ _____ x _____ days)		
Loss of Income (LOI):	\$ \$ (\$ _____ x _____ days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [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 ☐	Call ☐
Payee 1:	\$ \$ Name 1: _____		
Payee 2: (Strike if N.A.)	\$ \$ Name 2: _____		
Payee 3: (Strike if N.A.)	\$ \$ Name 3: _____		