

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

MARCUSDOI: **26/07/2022**Date / Time : **26/07/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJG 9989H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **25-07-22**

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****SNA 8875T**INSRS:
WSP: **FASTECH**
Tel :
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	INSR Created By	DATE / PIC
SNA 8875T	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	INSR Created By	DATE / PIC
NBA/CTI22000702/T1	19/01/2022 ASHTON SEE YEOW LIN SNA 8875T SMQ 9899X 19/01/2022 24/01/2022 MTH	Non-Reporting ltr (1st):	
SJG 9989H	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Non-Reporting ltr (2nd):	
CC3/AIG1201917/R1pa3q2	22/11/2012 TTB 860S SJG 9989H 06/08/2012 22/11/2012 N5F	Non-Reporting ltr (Final):	
CC4/AXA17011552/K1ya3q2	03/08/2017 SHF 160U SJG 9989H 09/06/2017 10/08/2017 PMK	Notification ltr (if non-pickup):	
CS/AXA17012265/T1vbe2	20/09/2017 SJG 9989H 14/06/2017 24/09/2017 CKL	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\$		
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: _____		