

ASSIGNMENT

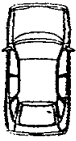
Surveyor: XING GUO QIANG

DOI:

Date / Time : 06.09.2022

Registered in Merimen: 06.09.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 6269C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$S_____ D.O.A : 02.09.2022

Place of Accident : _____

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

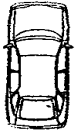
If NO, Driver Name / Age :

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

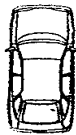
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

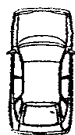
SHC 1333Y



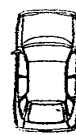
INSRS: WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



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 |
|---|--|--|---|
| | CC3/AIG10017293/Dn1f2t2 18/11/2010 SHC 1333Y SGF 1276A 26/08/2010 20/11/2010 | Non-Reporting ltr (1st): | |
| | CC4/ASM21008052/Ag3q2 26/10/2021 SMM 304B SHC 1333Y 23/07/2021 28/10/2021 | Non-Reporting ltr (2nd): | |
| | CC4/ASM22003817/Kga3q2 05/08/2022 YQ 1838H SHC 1333Y 25/04/2022 05/08/2022 | Non-Reporting ltr (Final): | |
| | CC6/III20006256/Ubs3q2 14/08/2020 GBG 4687G SHC 1333Y 08/06/2020 14/08/2020 | Notification ltr (if non-pickup): | |
| | NS/INC11010694/H1bn 09/06/2011 SHC 1333Y SJD 6462X 03/06/2011 10/06/2011 | Call OI: | |
| | NS/INC18018246/K1sbn2 23/10/2018 SHC 1333Y SGJ 8130U 08/10/2018 24/10/2018 | Call OI: | |
| | NS/INC22007938/Gc 19/08/2022 SHC 1333Y EM 8817E 15/08/2022 FWL | Call OI: | |
| | GBE 6269C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date | Documentation Check List: | Handler Typist |
| | C1/TPD18001964/Zn 07/03/2018 GBE 6269C 03/11/2017 07/03/2018 NRH | Notification ltr (if non-pickup) | <input type="checkbox"/> <input type="checkbox"/> |
| | CS/CTI21009743/Buce2 18/10/2021 SMX 1021C GBE 6269C 15/09/2021 19/10/2021 | 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"/> <input type="checkbox"/> |
| | | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: _____ Sent By: _____ | | |
| FINALIZATION | Date/Time: _____ Confirm with: _____ | Confirm by: _____ | |
| Repair Cost: L/SUM | \$S 1,500.00 (2 days) Reduction: 68 % | 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: | \$S | | |
| Loss of Rental (LOR): | \$S (_____ days) | | |
| Loss of Use (LOU): | \$S (\$ _____ x _____ days) | | |
| Loss of Income (LOI): | \$S (\$ _____ x _____ days) | | |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | [Tick only one] | | |
| GIA/LTA Search | \$S | | |
| Medical: | \$S | 1) Claim status: Normal/Reject/Private Settle /WP | |
| Disbursement: | \$S (e.g. Tow/ Independent) | 2) Report Format: TP | |
| Legal Cost | \$S | 3) Survey fee: \$250.00 | |
| Total: | \$S | Global Sum \$S: | |
| FINAL PAYMENT | Date/Time: _____ Confirm with: _____ | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| Payee 1: | \$S Name 1: _____ | | |
| Payee 2: (Strike if N.A.) | \$S Name 2: _____ | | |
| Payee 3: (Strike if N.A.) | \$S Name 3: _____ | | |

*OI REPUDIATED CLAIM
*SUBMIT WP TO AIS