

ASSIGNMENT

Surveyor:

ADRIANDOI: **10/11/2022**Date / Time : **10/11/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GZ 8458R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **01.11.2022 12:35**

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**GBL 2314U**INSRS:
WSP: **KT**
Tel : **MOTORWERK**
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
GBL 2314U -	CC6/AIG22010989/Apa3 03/11/2022 GZ 8458R GBL 2314U 01/11/2022 HMK	Non-Reporting ltr (1st):	
NA/CTI22010988/r3 03/11/2022 CHU PUI PING GZ 8458R GBL 2314U 01/11/2022 11/11/2022 RBW		Non-Reporting ltr (2nd):	
GZ 8458R -	CC6/AIG22010989/Apa3 03/11/2022 GZ 8458R GBL 2314U 01/11/2022 HMK	Non-Reporting ltr (Final):	
CC6/LCR17013074/Azb3q2 04/09/2017 GZ 8458R SLC 5087J 30/06/2017 05/09/2017 LSP		Notification ltr (if non-pickup):	
NA/CTI22010988/r3 03/11/2022 CHU PUI PING GZ 8458R GBL 2314U 01/11/2022 11/11/2022 RBW		Call OI:	
NA/INC18012644/z4 11/07/2018 SITI NOR RIZARTUL BINTE ALI SDU 7619L GZ 8458R GBL 2314U 01/11/2022 11/11/2022 HZT		Call OI:	
		Documentation Check List:	Handler Typist
	*** CLAIMING EACH OTHER ***	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: L/SUM	S\$ 4,000.00	(6 days) Reduction: 82 %	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:	

1) Claim status: ~~Normal/Reject/Private Settle~~ **WP**
 2) Report Format: **TP**
 3) Survey fee: **\$280.00**