

ASSIGNMENTSurveyor: TaufikhDOI: 05/12/2022Date / Time : 02/12/2022Registered in Merimen: 04/12/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : GBJ 1037L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 30/11/2022

Place of Accident : _____

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

If NO, Driver Name / Age :

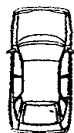
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SMA 365MINSRS:
WSP: **Kah Motor**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | SMA 365M - X | GBJ 1037L - X | STAGE | DATE / PIC |
|--|-----------------------------------|--|---|-------------------------------|
| | | | 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) | <input type="checkbox"/> |
| | | | After call ltr to OI: | <input type="checkbox"/> |
| | | | Authorisation To Act: | <input type="checkbox"/> |
| | | | Release Voucher: | <input type="checkbox"/> |
| | | | Final Repair Bill: | <input type="checkbox"/> |
| | | | Car Rental Invoice: | <input type="checkbox"/> |
| | | | Towing Invoice | <input type="checkbox"/> |
| | | | LTA / GIA : | <input type="checkbox"/> |
| | | | Medical Bill: | <input type="checkbox"/> |
| | | | PIR: | <input type="checkbox"/> |
| | | | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | | | LOD | <input type="checkbox"/> |
| | | | Payment Breakdown Form: | <input type="checkbox"/> |
| | | | Post-Repair Photos: | <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: | Sent By: | | |
| FINALIZATION | Date/Time: | Confirm with: | Confirm by: | |
| Repair Cost: Part by Part | S\$ 22,236.24 | (17 days) Reduction: 28 % | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| FINAL SETTLEMENT | Date/Time: 30/05/2023 | Confirm with Desmond | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Final Liability: | % 100 | (Agreed / Assessed) BOLA S/N No. : 27 | If NO or B 28, Ass. Lia : | |
| Repair Cost: with GST | S\$ 23,792.78 | | | |
| Loss of Rental (LOR): | S\$ 1,391.00 | (13 days) @\$100 with GST | | |
| Loss of Use (LOU): | S\$ (\$ x days) | | | |
| Loss of Income (LOI): | S\$ (\$ x days) | | | |
| LOR only <input checked="" type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | [Tick only one] | |
| GIA/LTA Search | S\$ | | | |
| Medical: | S\$ | | 1) Claim status: Normal/ Reject/Dispute/Settle | |
| Disbursement: | S\$ | (e.g. Tow/ Independent) | 2) Report Format: TP | |
| Legal Cost | S\$ | | 3) Survey fee: \$600 | |
| Total: | S\$ 25,183.78 | Global Sum S\$: | | |
| FINAL PAYMENT | Date/Time: | Confirm with: | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Payee 1: | S\$ 25,183.78 | Name 1: KAH MOTOR CO SDN BHD | | |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | | |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | | |