

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **19.01.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLH 6954Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A : **19/01/2023 07:40**

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****SHB 261H**INSRS:
WSP: **STRIDES**
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	STAGE	DATE / PIC
SHB 261H -	CS/EG120003602/Qtr3n2 04/05/2020 SHB 261H SMH 4239G 23/02/2020 05/05/2020 LS F1	Non-Reporting ltr (1st):	
	NA/FGH19020186/z4 13/11/2019 MOHAMMED FIROZI BIN ZOELKIFLI GBC 2222C SHB 261H 13/11/2019 22/11/2019 HZT	Non-Reporting ltr (2nd):	
	NA/INC16010857/Y 13/06/2016 TOH GUANGRONG SFL 3065J SHB 261H 11/06/2016 18/06/2016 HZT	Non-Reporting ltr (Final):	
SLH 6954Z - X	NS/INC14001811/R1tbk3 02/06/2014 SHB 261H SGX 5698U 27/01/2014 02/06/2014 BF	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: _____		