

INS. CASE OWNER:

CC6/CTI23001820/ya3

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **17.02.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SNC 3109U**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ \$ D.O.A : **17.02.2023**

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 3580S**INSRS: **BIFROST**
WSP: **AUTO**
Tel : **PTE LTD**
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
SHB 3580S -	CC4/III20004108/Ega3q2 06/11/2020 SHB 3580S SHC 8573A 12/03/2020 06/11/2020 LRR	Non-Reporting ltr (1st):	
	CS/FCI18001424/Aqd3e2 13/03/2018 SKH 9073H SHB 3580S 22/01/2018 13/03/2018 NVI	Non-Reporting ltr (2nd):	
	CS/FCI19021539/Uzf3n2 31/12/2019 SME 1335Y SHB 3580S 03/12/2019 31/12/2019 ANS	Non-Reporting ltr (Final):	
	NA/INC14017078/d2 06/09/2014 ONG YEOW LIN, IVAN GZ 1092H SHB 3580S 05/09/2014	Non-Reporting ltr (Final):	
	NA/INC19021395/z4 04/12/2019 TANG MENG SENG (CHEN MINGSHENG) SME 1335Y SHB 3580S 05/12/2019 HZT	Non-Reporting ltr (Final):	
SNC 3109U - X		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\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S\$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$S\$	3) Survey fee:	
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: _____		