

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **17.04.2023**Registered in Merimen: **20.04.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLN 8873D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ \$ D.O.A : **15/04/2023 12:00**

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****GBH 6439M**INSRS:
WSP: **MCR**
Tel : **AUTOWORKS**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBH 6439M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	SLN 8873D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
	NBA/AIG23003926/Y 17/04/2023 YAP MEIYAN, SHARON (YE MEIYAN, SHARON) GBH 6439M SLN 8873D 15/04/2023 RBA	NA/INC17017586/r3 13/09/2017 MOHAMED ANSARI S/O MOHD SALEH SJA 4990S SLN 8873D 17/09/2017 RBW	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)	☐
			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:		