

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 22.06.2023

Registered in Merimen: 23.06.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 6416P

Claim No. : _____

Name of Insured : KAPLAN LOGISTICS

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ \$ D.O.A : 20/06/2023 10:20

Place of Accident : BELOW THW WOODSVILLE FLYOVER

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

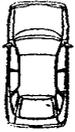
If NO, Driver Name / Age : MOHD SHAFIQ BIN ABDUL RAZAK

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

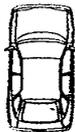
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

GBD 1917D



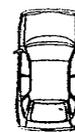
INSRS: _____
WSP: KT
Tel : MOTORWERK
Liability : _____
RMKS: _____



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
GBD 1917D	CC6/AIG21002678/Apa3q2 18/02/2022 SLX 6658U GBD 1917D 06/02/2021 18/02/2022	HMK	
	NA/AIG22007229/r3 29/07/2022 HU SHEE BOON @ FOO SHEE BOON GBD 1917D SLA 5231U 28/07/2022 02/08/2022	RBW	
	NA/TMI19016944/z4 26/09/2019 HENG KIA LIANG S.JX 5606A GBD 1917D 25/09/2019		
	NM/CTI23006302/Ad4 21/06/2023 KULANTHAIVEL MANIMARAN GBD 1917D YP 6416P 20/06/2023 22/06/2023	NVT	
YP 6416P	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
	NM/CTI23006302/Ad4 21/06/2023 KULANTHAIVEL MANIMARAN GBD 1917D YP 6416P 20/06/2023 22/06/2023	NVT	
After call ltr to OI:			
Documentation Check List: Handler Typist			
Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>	
After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>	
Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>	
Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>	
Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>	
Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>	
LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	
PRELIMINARY ADVICE Date/Time:	Sent By:		
FINALIZATION Date/Time:	Confirm with:		Confirm by:
Repair Cost: S\$	(days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with		Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search S\$			
Medical: S\$			
Disbursement: S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost S\$			2) Report Format:
			3) Survey fee:
Total: S\$	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$	Name 1:		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		