

**ASSIGNMENT**Surveyor: **KENNETH**DOI: **01/08/2023**Date / Time : **01.08.2023**Registered in Merimen: **01.08.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **GZ 7750C**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

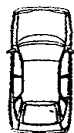
Excess Sec II :\$ \_\_\_\_\_ D.O.A : **26/07/2023 16:15**Place of Accident : **DAIRY FARM SLIP ROAD TOWARDS BKE, WOODLANDS CIRCLE**

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****SNH 8064E**INSRS:  
WSP: **OPTIMA**  
Tel : **WERKZ**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                |            | STAGE                              | DATE / PIC                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|----------------------------------------------------------------|
| <b>SNH 8064E - X</b>                                                                                                                                      |            |                                    |                                                                |
| <b>GZ 7750C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Reported By</b>                                      |            |                                    |                                                                |
| <b>CC4/AIG16014107/Keb3q2 26/01/2017 SGE 2138P GZ 7750C 28/07/2016 26/01/2017 LSP</b>                                                                     |            |                                    |                                                                |
| <b>NA/INC18017206/r3 21/09/2018 ELAYAPERUMAL KANNAN GBE 8059D GZ 7750C 20/09/2018 26/09/2018 RBW</b>                                                      |            |                                    |                                                                |
|                                                                                                                                                           |            | Non-Reporting ltr (1st):           |                                                                |
|                                                                                                                                                           |            | Non-Reporting ltr (2nd):           |                                                                |
|                                                                                                                                                           |            | Non-Reporting ltr (Final):         |                                                                |
|                                                                                                                                                           |            | Notification ltr (if non-pickup):  |                                                                |
|                                                                                                                                                           |            | Call OI:                           |                                                                |
|                                                                                                                                                           |            | After call ltr to OI:              |                                                                |
|                                                                                                                                                           |            | <b>Documentation Check List:</b>   | <b>Handler Typist</b>                                          |
|                                                                                                                                                           |            | 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"/>                                       |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                 | Date/Time: | Sent By:                           |                                                                |
|                                                                                                                                                           |            |                                    |                                                                |
| <b>FINALIZATION</b>                                                                                                                                       | Date/Time: | Confirm with:                      | Confirm by:                                                    |
| Repair Cost:                                                                                                                                              | \$S        | ( days) Reduction:                 | % Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                                   | 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        |                                    | 1) Claim status: Normal/Reject/Private Settle                  |
| Disbursement:                                                                                                                                             | \$S        | (e.g. Tow/ Independent )           | 2) Report Format:                                              |
| Legal Cost                                                                                                                                                | \$S        |                                    | 3) Survey fee:                                                 |
| <b>Total:</b>                                                                                                                                             | <b>\$S</b> | <b>Global Sum \$S:</b>             |                                                                |
| <b>FINAL PAYMENT</b>                                                                                                                                      | 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:                            |                                                                |