

15/5/2010

CC 6/AXA1600 1211 / 12/1/16

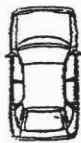
LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENTSurveyor: TanfikhDOI: 21/1/16Date / Time: 21/1/16Registered in Merimen: 21/1/16

Pre-assign / CCU / FTE

Insured Vehicle No. : GV 7099X

Name of Insured : _____

Insured Tel No. : _____

Excess Sec II :SS _____

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : _____

Driver Tel No. : _____

HP: _____

D.O.A : 15/1/16

Nature of Accident : _____

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

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

(V/L: YES / NO)

Insured Liability : _____

%

Final ? Yes / No



INSRS:

WSP: Sing KhTel: Tee

Liability: _____

RMKS: _____



INSRS:

WSP: _____

Tel: _____

Liability: _____

RMKS: _____



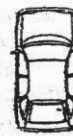
INSRS:

WSP: _____

Tel: _____

Liability: _____

RMKS: _____



INSRS:

WSP: _____

Tel: _____

Liability: _____

RMKS: _____

Date/ Time	STAGE	DATE / PIC
09/02/2016 - x	Non-Reporting ltr (1st):	
21/1/16 please verify OO's driving license status & report AXIA.	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler
	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:
Repair Cost:	\$S	(days) Reduction: %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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	
Disbursement:	\$S	(e.g. Tow/ Independent)
Legal Cost	\$S	
Total:	\$S	Global Sum \$S:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S	Name 1:
Payee 2: (Strike if N.A.)	\$S	Name 2:
Payee 3: (Strike if N.A.)	\$S	Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Tau Fikih

AXIA

ASSIGNMENT

TOTAL