

15/5/2010

INS. CASE OWNER:

CC 6 / III 1702 3430, yhh

LKK:

IDAC:

ASSIGNMENT

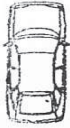
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II : \$\$

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : HARUN BIN MOHD SHARIF

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

m10m0016

HYUNDAI

BDOE RD CROSS SIDE RD

TWO SHOPHOUSES NEAR SHELL

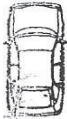
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

GBO 4397J



INSRS:

WSP:

Tel :

Liability :

RMKS:

Hokk
wah.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
2/12/18	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:	

2/12/18 @ 2:22 Email to Natalie that we will close case & to be cancel case in Merimen as TP repaired did not arrange survey up to date.

to cancel hie

2/3/19

PRELIMINARY ADVICE	Date/ Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	\$\$ (days) Reduction: %	Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with: Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : N11	If NO or B 28, Ass. Lia :
Repair Cost:	\$\$	
Loss of Rental (LOR):	\$\$ (days)	
Loss of Use (LOU):	\$\$ (\$ x days)	
Loss of Income (LOI):	\$\$ (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$\$	
Medical:	\$\$	
Disbursement:	\$\$ (e.g. Tow/ Independent)	
Legal Cost	\$\$	
Total:	\$\$	Global Sum \$\$:
FINAL PAYMENT	Date/Time:	Confirm with: Email ☐ Call ☐
Payee 1:	\$\$	Name 1:
Payee 2: (Strike if N.A.)	\$\$	Name 2:
Payee 3: (Strike if N.A.)	\$\$	Name 3: