

INS. CASE OWNER:

CC 3/AIG1702

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

20/1/12

Date / Time :

20/1/12

Registered in Merimen:

20/1/12

Pre-assign / CCU / FTE

STB 696m



Insured Vehicle No. : STB 696m

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 20/1/12

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

SHD 97594



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans
Cab

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
SHD 97594 - 20/1/12 10:00 AM / 10:00 AM - 12/4/12 STB 696m - x	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$ (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:	\$		
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:	

