

INS. CASE OWNER:

CC 4/EQ1800

0429 / A p23

LKK:

IDAC:

Surveyor:

WMP

DOI:

ASSIGNMENT

08/01/18

Date / Time:

8/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBE 5887E

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

5/1/18

Place of Accident :

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

GBD 6866J

GBE 5887E

YP 5796T

GBD 4877R



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

01



INSRS:

WSP:

Tel :

Liability :

RMKS:

F-1

KMO-LIMO

TP



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

YP5796T-X

GBE 5887E-X

STAGE

DATE / PIC

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

( 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:

SS

Loss of Rental (LOR):

SS

( days)

Loss of Use (LOU):

SS

(\$

x

days)

Loss of Income (LOI):

SS

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent )

Legal Cost

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

Name 1:

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

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

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

Remark: The veh had commenced its repair at the time of inspection.

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
|     |     |

|          |   |                   |
|----------|---|-------------------|
| Lum Sum: | % | 3 Val.: Yes or No |
|----------|---|-------------------|

Date: Person Contacted:

The U/C / Chassis frame / Body Structure affected due to collision.

[illegible]

Lump Sum / I.B.I: (\$

Add Fee: ☐ : Site Insp (\$ ) \$ - PS \$  
☐ : Interview (\$ ) Photos  
☐ : Tech. Invs (\$ ) Others  
☐ : Weekend (\$ )

Crash