

CC 6/AIG1800 0880, UWB

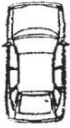
LKK:
IDAC:

INS. CASE OWNER:

Surveyor: MARCUS DOI: 19/1/18 Date / Time: 15/01/18
Registered in Merimen: 19/1/18

ASSIGNMENT

Pre-assign / CCU / FTE



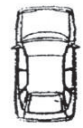
Insured Vehicle No. : STY 20742
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II : \$\$ _____ D.O.A : 08/01/18

Claim No. : _____
Policy No. : _____
Make / Model : _____
Place of Accident : _____

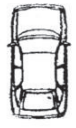
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : _____
Driver Tel No. : _____ (V/L: YES / NO)
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No



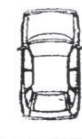
INSRS:
WSP:
Tel : pegnus
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
<u>19/1/18</u>	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: \$\$ (_____ days) Reduction: % _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT 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: \$\$		
Loss of Rental (LOR): \$\$ (_____ days)		
Loss of Use (LOU): \$\$ (\$ x _____ days)		
Loss of Income (LOI): \$\$ (\$ 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: \$\$		
Medical: \$\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: \$\$ (e.g. Tow/ Independent)		2) Report Format: _____
Legal Cost: \$\$		3) Survey fee: _____
Total: \$\$ Global Sum \$\$: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$\$ Name 1: _____		
Payee 2: (Strike if N.A.) \$\$ Name 2: _____		
Payee 3: (Strike if N.A.) \$\$ Name 3: _____		

