

INS. CASE OWNER:

CC 6 / AIG1800 0944, Aca3

LKK:

IDAC:

Surveyor: ADRIAN

DOI: ASSIGNMENT 15/01/18

Date / Time: 15/01/18

Registered in Merimen: 16/01/18

Pre-assign / CCU / FTE

SJN 5519 X



Insured Vehicle No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

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

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 11-1-18

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

8LJ 7521 Y → SJN 5519 X →

JSL 3883 → SLE 5859 m → SJH 5349



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP: my solution  
Tel :  
Liability : TP  
RMKS:



INSRS:  
WSP:  
Tel : ASA  
Liability :  
RMKS:

Date/Time	STAGE	DATE / PIC	
<u>JSL 3883 - X; SJN 5519 X - X</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:		
	<b>Documentation Check List:</b>	<b>Handler</b>	<b>Typist</b>
	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"/>	

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

Post-Repair Photos:

Others:

**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: \$\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: \_\_\_\_\_

3) Survey fee: \_\_\_\_\_

**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: \_\_\_\_\_

