

15/5/2010

INS. CASE OWNER:

CC 3 / LCR18001119 7 Kluss

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KALVIN

DOI:

16/01/13

Date / Time:

16/01/13

Registered in Merimen:

18/01/13

Pre-assign / CCU / FTE



Insured Vehicle No. : SLM 2154J

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

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

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

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

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

Excess Sec II : \$\$ D.O.A : 15/01/13

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

SHC 2984L



INSRS: WSP: CDGS (Laps)  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date / Time	STAGE	DATE / PIC
SHC 2984L - CC3/CTI17009754/KLUS2 DA:18/05/13	Non-Reporting Itr (1st):	
- NA/CTI17012368/KLUS DOA: 18/05/13	Non-Reporting Itr (2nd):	
SLM 2154J - X	Non-Reporting Itr (Final):	
	Notification Itr (if non-pickup):	
	Call OI:	
	After call Itr to OI:	
	Documentation Check List:	Handler Typist
	Notification Itr (if non-pickup)	<input type="checkbox"/>
	After call Itr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input type="checkbox"/>
	Payment Breakdown Form:	<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

Total Liability: % (Agreed / Assessed) BOLA S/N No. : If NO or B 28, Ass. Lia :

Repair Cost: \$\$

Cost of Rental (LOR): \$\$ ( days)

Loss of Use (LOU): \$\$ (\$ x days)

Loss of Income (LOI): \$\$ (\$ x days)

OR only LOU only LOR + LOU LOR + LOI (Tick only one)

LTA Search: \$\$

Medical: \$\$

Disbursement: \$\$ (e.g. Tow/Independent)

Legal Cost: \$\$

Total: \$\$ Global Sum \$\$:

FINAL PAYMENT Date/Time: Confirm with: Email Call

Fee 1: \$\$ Name 1:

Fee 2: (Strike if N.A.) \$\$ Name 2:

Fee 3: (Strike if N.A.) \$\$ Name 3:



