

INS. CASE OWNER:

CC 3/ LCR18001606 1 R/WS 3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KALVIN

DOI:

25/01/18

Date / Time:

25/01/18

Registered in Merimen:

26/01/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 59720

Claim No. : _____

Name of Insured : LCR

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A : _____

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

QHA 1640X



INSRS: WSP: 046 (loyer)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
QHA 1640X - CC3/AIG1300027c/H192t2y DOA: 30/2/12	Non-Reporting ltr (1st):	
- CC 3/AIG15010500/H102312 DOA: 21/01/15	Non-Reporting ltr (2nd):	
- CC 3/LCR17005564/H19232 DOA: 19/03/17	Non-Reporting ltr (Final):	
- CS/ECT1209125/A114 DOA: 28/09/12	Notification ltr (if non-pickup):	
- CS/IMI13009124/H141d1 DOA: 12/05/13	Call OI:	
SLC 59720 - X	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: _____		

