

INS. CASE OWNER:

CC4 / III18002405 / G453

LKK:

IDAC:

ASSIGNMENT

Surveyor:

X6R

DOI:

2/02/13

Date / Time:

01/02/13

Registered in Merimen:

2/02/13

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8745P

Name of Insured :

Insured Tel No. : HP:

Excess Sec II : \$\$ D.O.A : 29/01/18

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SHC 4060P



INSRS:

WSP: enry woodhams

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 4060P - X	Non-Reporting ltr (1st):	
SH 8745P - CC3/ATG11002358/0a2a2p1 DOA: 24/02/11	Non-Reporting ltr (2nd):	
- CC3/CTE16023350/H10g3n2 DOA: 24/12/16	Non-Reporting ltr (Final):	
- NAT/NCB80092091A DOA: 19/08/08	Notification ltr (if non-pickup):	
- NS/ENC11006468/H1bcr DOA: 06/04/11	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: \$\$	(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: \$\$		
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:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

