

INS. CASE OWNER:

CC 6/CTI1800

2430, R1963

LKK:

IDAC:

Surveyor:

Rasul

DOI:

ASSIGNMENT

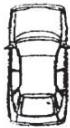
05/2/18

Date / Time:

5/2/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJD 5298K

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

05/01/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

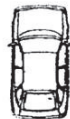
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

P7 1688H



INSRS:

WSP:

Tel :

Liability :

RMKS:

SL

Auto



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
	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)	☐ ☐
	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:	SS (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:	SS	
Loss of Rental (LOR):	SS (days)	
Loss of Use (LOU):	SS (\$ x days)	
Loss of Income (LOI):	SS (\$ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	SS	
Medical:	SS	1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	SS	3) Survey fee:
Total:	SS	Global Sum \$S:
FINAL PAYMENT	Date/Time:	Confirm with: Email ☐ Call ☐
Payee 1:	SS	Name 1:
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

