

INS. CASE OWNER:

CC4/EQ118002912/mb3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 22/01/2018

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJZ 684X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 22/01/2018

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

SKZ 4928E

INSRS:
WSP:
Tel :
Liability :
RMKS: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):	
22/04/2020	Pls refer to Views for details.	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:	\$\$	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 ☐ Call ☐	
Payee 1:	\$\$ Name 1: _____		
Payee 2: (Strike if N.A.)	\$\$ Name 2: _____		
Payee 3: (Strike if N.A.)	\$\$ Name 3: _____		