

15/3/2010

INS. CASE OWNER:

CC6 / LCR180 03421 / Aps3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Pre-assign / CCU / FTE

Registered in Merimen:



Insured Vehicle No. : SLH 79406

Claim No. :

Name of Insured : LCR

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : \$\$ D.O.A : 16/02/12

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

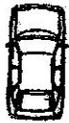
SBL 86R



INSRS: Han ong
WSP:
Tel:
Liability:
RMKS:



INSRS:
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Liability:
RMKS:



INSRS:
WSP:
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Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
SBL 86R - NA/AG/12008114/p1 DOA: 23/04/12	Non-Reporting ltr (1st):	
SLH 79406 - X	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)	<input type="checkbox"/>
	After call ltr 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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm by:

FINALIZATION Date/Time: Confirm with: 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) 1) Claim status: Normal/Reject/Private Settle 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:

