

15/2/10

INS. CASE OWNER:

CC4 / AIG1800 3526, G WAZ

LKK:

IDAC:

Surveyor:

K612

DOI:

ASSIGNMENT

23/1/18

Date / Time:

22/01/18

Registered in Merimen:

23/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLB 2167Y

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A: 20/01/18

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

SLB 9212 T



INSRS:

WSP:

Tel:

Liability:

RMKS:

Inche cars



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

SLB 9212 T. X;

SLB 2167 Y - X

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: XGQ

Repair Cost:

P/P \$5 7,471.49

(

5

days)

Reduction:

55

%

Email

Call

FINAL SETTLEMENT

Date/Time: 09.09.20

Confirm with

Email

Call

Final Liability:

%

0

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

\$5

OI SUCCESSFUL RECOVER CLAIM FROM TP

Loss of Rental (LOR):

\$5

(

days)

Loss of Use (LOU):

\$5

(\$

x

days)

Loss of Income (LOI):

\$5

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$5

Medical:

\$5

Disbursement:

\$5

(e.g. Tow/ Independent)

Legal Cost

\$5

Total:

\$5

Global Sum \$5:

1) Claim status: ~~Normal~~/Reject/~~Partial~~/Settle

2) Report Format:

TP / WP

3) Survey fee:

\$320

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5

Name 1:

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3: