

INS. CASE OWNER:

CC6 / III1800 27/2, 4/6/3

LKK:

IDAC:

Surveyor: Marcus DOI: ASSIGNMENTDate / Time : 27/2/18Registered in Merimen: 27/2/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 6484E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 27/2/18

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

SUV 7694T

INSRS:

WSP: perpnsus

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>SUV 7694T - NH / III1800 0983 / NH 27/2/18</u> <u>SH 6484E - F</u>	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:	☐	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐
	Others:	☐
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: _____		

