

15/5/2010

INS. CASE OWNER:

Stacey

CC 4/AXA1800

3875

Wb3

LKK:  
IDAC:

ASSIGNMENT

Surveyor:

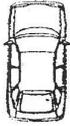
DOI:

Date / Time :

26/2/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJJ 531M

Name of Insured :

SUMAIRI EPENDI

Insured Tel No. :

HP: 86412281

Excess Sec II :\$S

D.O.A :

10/2/18

Claim No. :

88M00874 (32453)

Policy No. :

GA247679

Make / Model :

HONDA

Place of Accident :

UA JALOR BANGSA

Is driver the owner? ( YES / NO )

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

SALFUDDIN BIN SULAIMAN

Driver Tel No. :

9621797

(V/L: YES / NO)

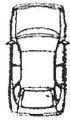
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

YES / NO ; YES / NO

Insured Liability : %

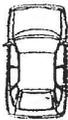
Final ? Yes / No

SKS 86245

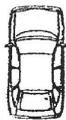


INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

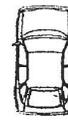
ckc



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date / Time	STAGE	DATE / PIC
7/2/18	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$S ( 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: \$S

Loss of Rental (LOR): \$S ( days)

Loss of Use (LOU): \$S (\$ x days)

Loss of Income (LOI): \$S (\$ x days)

LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]

GIA/LTA Search \$S

Medical \$S

Disbursement: \$S (e.g. Tow/ Independent )

Legal Cost \$S

Total: \$S Global Sum \$S:

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: \$S Name 1:

Payee 2: (Strike if N.A.) \$S Name 2:

Payee 3: (Strike if N.A.) \$S Name 3:

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: cancel file
- 3) Survey fee: