

15/07/2010

INS. CASE OWNER

CC4/III15020110/KHS332-1

CC4/III150

ASSIGNMENT

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Meritum:

Pre-assign / CCU / FTE



Insured Vehicle No:

Name of Insured:

Insured Tel No:

Excess Sec II:SS

Is driver the owner?

If NO, Driver Name / Age:

Driver Tel No.:

PHN3792X
Comfort Transportation PTE LTD

65508768 HP:

D.O.A:

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final? Yes / No



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):

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:

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