

INS. CASE OWNER:

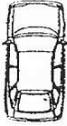
CC 3/AIG1800 4697, Wb3

LKK:
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 5/7/18
Registered in Merimen: 5/7/18

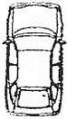
Pre-assign / CCU / FTE



Insured Vehicle No. : SJJ 875X Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : 27/7/18 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

SEP 3137E



INSRS:
WSP:
Tel :
Liability :
RMKS:

performance



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SEP 3137E - x</u>	Non-Reporting ltr (1st):	
<u>SJJ 875X - x</u>	Non-Reporting ltr (2nd):	
<u>cancel policy</u>	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
<u>13-03-18</u>	Call OI:	
<u>called caroline, they request for the vta search.</u>	After call ltr to OI:	
<u>and insured is under vta. no survey done.</u>	Documentation Check List: Handler Typist	
<u>cancel case.</u>	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: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: SS (_____ 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: SS _____

Loss of Rental (LOR): SS (_____ days)

Loss of Use (LOU): SS (\$ _____ x _____ days)

Loss of income (LOI): SS (\$ _____ x _____ days)

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

GIA/LTA Search SS _____

Medical: SS _____

Disbursement: SS (e.g. Tow/ Independent) _____

Legal Cost SS _____

Total: SS _____ **Global Sum S\$:** _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: SS _____ Name 1: _____

Payee 2: (Strike if N.A.) SS _____ Name 2: _____

Payee 3: (Strike if N.A.) SS _____ Name 3: _____