

INS. CASE OWNER:

Vale

CC 4/AXA1800 4880, Ayub

LKK:
IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

12/3/18

Date / Time:

14/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

SGG 9044C

Claim No. : 58M00AMQ (34725)



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

12/3/18

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

SDU 2427E



INSRS:
WSP:
Tel :
Liability :
RMKS:

Hummer



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SDU 2427E - 14/07/2018 10:10 AM	STAGE	DATE / PIC
	SGG 9044C	Non-Reporting ltr (1st):	
	Smartclaim	Non-Reporting ltr (2nd):	
	"Virtual agent" "do not finalize with WSP"	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"/>
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: Confirm with:	Confirm by:	
Repair Cost:	\$S (days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>	
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 <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	\$S		
Medical:	\$S	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$S	3) Survey fee:	
Total:	\$S Global Sum \$S:		
FINAL PAYMENT	Date/Time: Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S Name 1:		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		

