

15/5/2010

INS. CASE OWNER:

CC 4 / LPC18005069 / Kus3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

19/03/19

Date / Time:

11/03/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SDS 82R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 29/02/19

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

QLB 3415P



INSRS: WSP: Tong Luk
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE/ PIC
QLB 3415P - X SDS 82R - CC4/LPC16004363/FW03n2 DOA: 29/02/19 - CS/LPC14014943/AJpu2	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"/>	
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: \$\$ (_____ 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: \$\$		
Loss of Rental (LOR): \$\$ (_____ days)		
Loss of Use (LOU): \$\$ (\$ _____ x _____ days)		
Loss of Income (LOI): \$\$ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search: \$\$		
Medical: \$\$		
Disbursement: \$\$ (e.g. Tow/ Independent)		
Legal Cost: \$\$		
Total: \$ \$ Global Sum \$ \$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$ \$ Name 1: _____		
Payee 2: (Strike if N.A.) \$ \$ Name 2: _____		
Payee 3: (Strike if N.A.) \$ \$ Name 3: _____		

