

INS. CASE OWNER:

CC 3 / LPC1800 5269, 72663

LKK:
IDAC:

Surveyor:

Tandikh

DOI:

ASSIGNMENT

20/3/18

Date / Time :

20/3/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 567 768H
 Name of Insured :
 Insured Tel No. : HP:
 Excess Sec II :\$\$ D.O.A : 18/3/18
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. :
 Policy No. :
 Make / Model :
 Place of Accident :

If NO, Driver Name / Age :
 Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

567 768H

SHB 8407C

56H 8705Z



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS: 61



INSRS: Premier
 WSP:
 Tel :
 Liability : TP
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time

SHB 8407C - P

567 768H - M/LPC1800 5097/18 DOA 18/3/18

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: \$\$ (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: \$\$

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

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

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

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

GIA/LTA Search

\$\$

Medical:

\$\$

1) Claim status: Normal/Reject/Private Settle

Disbursement:

\$\$

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

\$\$

3) Survey fee:

Total:

\$\$

Global Sum \$\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email Call

Payee 1:

\$\$

Name 1:

Payee 2: (Strike if N.A.)

\$\$

Name 2:

Payee 3: (Strike if N.A.)

\$\$

Name 3:

