

INS. CASE OWNER:

CC 3 /AIG1800 7160 ,

LKK:

IDAC:

ASSIGNMENT

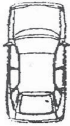
Surveyor: _____

DOI: _____

Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II : \$\$

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. :

Nature of Accident :

(V/L: YES / NO)

Claim No. :

Policy No. :

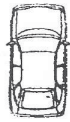
Make / Model :

Place of Accident :

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

Insured Liability : %

Final ? Yes / No



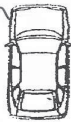
INSRS:

WSP:

Tel :

Liability :

RMKS:



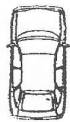
INSRS:

WSP:

Tel :

Liability :

RMKS:



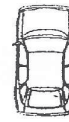
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	SEK 7780y - x	sup 2667 - x	STAGE	DATE / PIC
	- cancel claim. tp decided do private settlement		Non-Reporting ltr (1st):	
	no survey done.		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:	☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____				
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:	\$\$			
Disbursement:	\$\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$\$		2) Report Format: _____	
			3) Survey fee: _____	
Total:	\$\$	Global Sum \$\$:		
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: _____		