

INS. CASE OWNER:

CC 3 /AIG1800 7858, w63

LKK: IDAC:

ASSIGNMENT

Surveyor:

DOI:

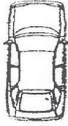
Date / Time:

30/06/08

Registered in Merimen:

30/06/08

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 2545

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: no tel 08

Make / Model :

Excess Sec II : \$\$ D.O.A. :

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

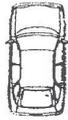
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

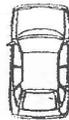
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

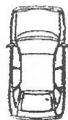
SKM 548m



INSRS: WSP: premium Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	STAGE	DATE / PIC
09-07-19	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	
SKM 548m - to	Documentation Check List:	
SLK 2545 - x	Notification ltr (if non-pickup)	
insured under WTAI. no survey done. cancel case.	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 <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 + LOI <input type="checkbox"/> [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 <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: SS Name 1:		
Payee 2: (Strike if N.A.) SS Name 2:		
Payee 3: (Strike if N.A.) SS Name 3:		