

INS. CASE OWNER:

CC 4/AXA1800

8459, w63

LKK:

IDAC:

ASSIGNMENT

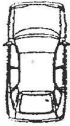
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$S

Is driver the owner?

If NO, Driver Name / Age:

Driver Tel No.:

HP:

D.O.A.:

Nature of Accident:

(V/L: YES / NO)

Claim No.:

Policy No.:

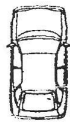
Make / Model:

Place of Accident:

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

Insured Liability: %

Final ? Yes / No



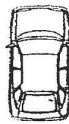
INSRS:

WSP:

Tel:

Liability:

RMKS:



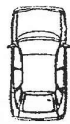
INSRS:

WSP:

Tel:

Liability:

RMKS:



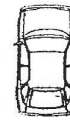
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
10/15/18	Non-Reporting ltr (1st):	
10/15/18	Non-Reporting ltr (2nd):	
10/15/18	Non-Reporting ltr (Final):	
10/15/18	Notification ltr (if non-pickup):	
10/15/18	Call OI:	
10/15/18	After call ltr to OI:	
10/15/18	Documentation Check List:	
10/15/18	Notification ltr (if non-pickup)	
10/15/18	After call ltr to OI:	
10/15/18	Authorisation To Act:	
10/15/18	Release Voucher:	
10/15/18	Final Repair Bill:	
10/15/18	Car Rental Invoice:	
10/15/18	Towing Invoice:	
10/15/18	LTA / GIA :	
10/15/18	Medical Bill:	
10/15/18	PIR:	
10/15/18	Mandate/Reject Instruction:	
10/15/18	LOD	
10/15/18	Payment Breakdown Form:	
10/15/18	Post-Repair Photos:	
10/15/18	Others:	
10/15/18	PRELIMINARY ADVICE	Date/Time: Sent By:
10/15/18	FINALIZATION	Date/Time: Confirm with: Confirm by:
10/15/18	Repair Cost:	\$S (days) Reduction: % Email Call
10/15/18	FINAL SETTLEMENT	Date/Time: Confirm with: Email Call
10/15/18	Final Liability:	% (Agreed / Assessed) BOLA S/N No. : 15
10/15/18	Repair Cost:	\$S
10/15/18	Loss of Rental (LOR):	\$S (days)
10/15/18	Loss of Use (LOU):	\$S (\$ x days)
10/15/18	Loss of Income (LOI):	\$S (\$ x days)
10/15/18	LOR only LOU only LOR + LOU LOR + LOI	[Tick only one]
10/15/18	GIA/LTA Search	\$S
10/15/18	Medical:	\$S
10/15/18	Disbursement:	\$S (e.g. Tow/Independent)
10/15/18	Legal Cost	\$S
10/15/18	Total:	\$S Global Sum \$S:
10/15/18	FINAL PAYMENT	Date/Time: Confirm with: Email Call
10/15/18	Payee 1:	\$S Name 1:
10/15/18	Payee 2: (Strike if N.A.)	\$S Name 2:
10/15/18	Payee 3: (Strike if N.A.)	\$S Name 3: