

15/5/2010

INS. CASE OWNER:

CC 4/AIG1801 0190, Gubh

LKK:  
IDAC:

Surveyor:

hga

DOI:

ASSIGNMENT

5/6/18

Date / Time :

4/6/18

Registered in Merimen:

4/6/18

Pre-assign / CCU / FTE

SJP 3803C



Insured Vehicle No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 2/4/18

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

SBH 225C



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Motor  
image.



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

SBH 225C - 4

SJP 3803C - 4

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:

SS

( 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:

SS

Loss of Rental (LOR):

SS

( days)

Loss of Use (LOU):

SS

( \$ x days)

Loss of Income (LOI):

SS

( \$ x days)

LOR only  LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

1) Claim status: Normal/Reject/Private Settle

Disbursement:

SS

(e.g. Tow/ Independent )

2) Report Format:

Legal Cost

SS

3) Survey fee:

Total:

SS

Global Sum SS:

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:

