

15/5/2010

INS. CASE OWNER:

CC 4/AIG1801 0192, A p63

LKK:

IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

5/6/18

Date / Time :

1/6/18

Registered in Merimen:

5/6/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLC 9880L

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A :

31/5/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature 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

SGK 339H



INSRS:

WSP:

Tel :

Liability :

RMKS:

united
Sy-

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SGK 339H-7

SLC 9880L-7

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):

\$\$

(S x days)

Loss of Income (LOI):

\$\$

(S x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

\$\$

Medical:

\$\$

Disbursement:

\$\$

(e.g. Tow/ Independent)

Legal Cost

\$\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

