

15/5/2010

INS. CASE OWNER:

Stacey | CC <sup>Am</sup> AXA1801 1305, A ebs

LKK:  
IDAC:

Surveyor:

Soliman

DOI:

ASSIGNMENT

7/6/18

Date / Time :

7/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

FBK 305AE

Claim No. :

S 8m00FBW | 52540

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A :

7/6/18

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

SH207J



INRS: WSP: Tel: Liability: RMKS:

flm memo



INRS: WSP: Tel: Liability: RMKS:



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INRS: WSP: Tel: Liability: RMKS:

Date/ Time	STAGE	DATE / PIC	
SH207J FBK 305AE 7/6/18 9m... - OIRK	Non-Reporting ltr (1st):		
	Non-Reporting ltr (2nd):		
	Non-Reporting ltr (Final):		
	Notification ltr (if non-pickup):		
	Call OI:		
	After call ltr to OI:		
	<b>Documentation Check List:</b>		<b>Handler</b> <b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRELIMINARY ADVICE</b> Date/Time: Sent By:			
<b>FINALIZATION</b> Date/Time: Confirm with:			
Repair Cost: \$\$ ( days) Reduction: % Email <input type="checkbox"/> Call <input type="checkbox"/>			
<b>FINAL SETTLEMENT</b> 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): \$\$ (S x days)			
Loss of Income (LOI): \$\$ (S x days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <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:		
<b>Total:</b> \$\$ <b>Global Sum \$\$:</b>			
<b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>			
Payee 1: \$\$ Name 1:			
Payee 2: (Strike if N.A.) \$\$ Name 2:			
Payee 3: (Strike if N.A.) \$\$ Name 3:			

