

15/5/2010

INS. CASE OWNER:

CC 6 / III 1801

LKK:

IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

20/7/18

Date / Time :

20/7/18

Registered in Merimen:

24/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBE 6002E

Claim No. :

m1218-644

Name of Insured :

GIN JIN INSULATION & ENGINEERING

Policy No. :

m495287

Insured Tel No. :

HP:

Make / Model :

TOYOTA

Excess Sec II :\$

D.O.A :

Place of Accident :

TON GUAN RD TRUSS IN ROAD.

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : TAN LON KWE

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

537 37054



INSRS:

WSP:

Tel :

Liability :

RMKS:

WHT



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
20/7/18	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)	<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"/>
PRELIMINARY ADVICE Date/Time: Sent By:		
FINALIZATION Date/Time: Confirm with: Confirm by: LWP		
Repair Cost: L/S \$18,100.00	(17 days) Reduction: 54 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 07.01.21 Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % 50	(Agreed / Assessed) BOLA S/N No. :	If NO or R 28, Ass. Lia :
Repair Cost: \$	287	OID 2 OTHER PARTY + TP
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: \$		
Disbursement: \$ (e.g. Tow/ Independent)		
Legal Cost \$		
Total: \$	Global Sum \$:	
FINAL PAYMENT 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:	