

15/5/2010

INS. CASE OWNER:

CC 4/1111801 4844 of ebh

LKK:
IDAC:

Surveyor:

N/A

ASSIGNMENT
DOI: 15/8/18

Date / Time : 15/8/18
Registered in Merimen : 15/8/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKA 69119
Name of Insured :
Insured Tel No. : HP:
Excess Sec II :SS D.O.A : 12/8/18
Is driver the owner? (YES / NO) Nature of Accident :

Claim No. :
Policy No. :
Make / Model :
Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. : (VL: YES / NO)

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

Insured Liability : % Final ? Yes / No

SKD 7467R



INSRS: sm new
WSP: kmp
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE/ PIC
SKD 7467R - Y	Non-Reporting ltr (1st):	
SKA 69119 - Y	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"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: \$\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT 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): \$\$	(\$ x days)	
Loss of Income (LOI): \$\$	(\$ 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:
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:	

