

1552001

INS. CASE OWNER:

CC 9/AIG1801 5/29/18, U n b3

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

2/8/18

Date / Time :

2/8/18

Registered in Merimen:

2/8/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SEP 82022

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

2/8/18

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

SLT 96550



INSRS:

WSP:

Tel :

Liability :

RMKS:

preuse



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SLT 96550 - 4	Non-Reporting ltr (1st):	
SLT 82022 - 1	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: _____ Confirm by: _____

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): \$_____ (\$ x _____ days)

Loss of Income (LOI): \$_____ (\$ x _____ days)

LOR only LOU only LOR + LOU LOR + LOU [Tick only one]

GIA/LTA Search \$_____

Medical: \$_____

Disbursement: \$_____ (e.g. Tow/ Independent)

Legal Cost \$_____

Total: \$_____ **Global Sum \$:** _____

1) Claim status: Normal/Reject/Private Settle

2) Report Format: _____

3) Survey fee: _____

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: _____

