

INS. CASE OWNER:

CC 4/Ala 180 16063, Afa3

LKK:
IDAC:

Surveyor: ADRIAN

DOI: ASSIGNMENT 3/9/2018

Date / Time: 3/9/2018

Registered in Merimen: 3/9/2018

Pre-assign / CCU / FTE



Insured Vehicle No. : SJK 470A
 Name of Insured : _____
 Insured Tel No. : _____ HP: _____
 Excess Sec II :SS _____ D.O.A: 1/9/2018
 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. : _____ (V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

skv 1902u →



INSRS: _____
 WSP: JA Andri Cahya
 Tel: _____
 Liability: _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel: _____
 Liability: _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel: _____
 Liability: _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel: _____
 Liability: _____
 RMKS: _____

| Date/ Time | STAGE | DATE / PIC |
|------------------------------------|---|---|
| <u>skv 1902u - X; SJK 470A - X</u> | 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"/> | |

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

Post-Repair Photos:

Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: S\$ _____ (_____ 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: S\$ _____

Loss of Rental (LOR): S\$ _____ (_____ days)

Loss of Use (LOU): S\$ _____ (\$ x days)

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

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

GIA/LTA Search: S\$ _____

Medical: S\$ _____

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

Legal Cost: S\$ _____

1) Claim status: Normal/Reject/Private Settle

2) Report Format: _____

3) Survey fee: _____

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

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ _____ Name 1: _____

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____

