

INS. CASE OWNER:

CC 4 / FWD1801

LKK:
IDAC:**ASSIGNMENT**

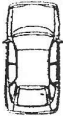
Surveyor: _____

DOI: _____

Date / Time: _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :SS

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age : DENNIS KEW WAH HOE

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

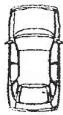
Place of Accident :

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

Insured Liability : %

Final ? Yes / No

SLE 8609P



INSRS:

WSP:

Tel :

Liability :

RMKS:



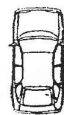
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
11/10/18	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)	☐ ☐
	After call ltr to OI:	☐ ☐
	Authorisation To Act:	☐ ☐
	Release Voucher:	☐ ☐
	Final Repair Bill:	☐ ☐
	Car Rental Invoice:	☐ ☐
	Towing Invoice:	☐ ☐
	LTA / GIA :	☐ ☐
	Medical Bill:	☐ ☐
	PIR:	☐ ☐
	Mandate/Reject Instruction:	☐ ☐
	LOD	☐ ☐
	Payment Breakdown Form:	☐ ☐
	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____		
Repair Cost: \$ (days) Reduction: % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Final Liability: % (Agreed / Assessed) BOLA S/N No. :		
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 + LO ☐ [Tick only one]		
GIA/LTA Search: \$		
Medical: \$		
Disbursement: \$ (e.g. Tow/ Independent)		
Legal Cost: \$		
Total: \$ Global Sum \$:		
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: _____		