

INS. CASE OWNER:

CC 3, EOI 180 17198, P1ua3

LKK:

IDAC:

Surveyor:

KASUL

DOI:

ASSIGNMENT

19/9/18

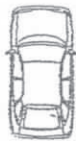
Date / Time :

19/9/18

Registered in Merimen:

Pre-assign / CCU / FTE

Gy 681U



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A.:

14/9/18

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

SHC 4510H



INSRS:

WSP:

Tel :

Liability :

RMKS:

SMPT INV



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC 4510H - SMPT INV 12/09/18/24 ; SHC 78/6/18
Gy 681U - x

STAGE	DATE / PIC
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"/>
After call ltr to OI:	<input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>
PIR:	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>
LOD	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>
Others:	<input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:	
FINALIZATION		Date/Time:	Confirm with:	
Repair Cost:	SS	(days)	Reduction:	%
		Email <input type="checkbox"/>		Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time:	Confirm with:	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	SS	If NO or B 28, Ass. Lia :		
Loss of Rental (LOR):	SS	(days)		
Loss of Use (LOU):	SS	(\$ x days)		
Loss of Income (LOI):	SS	(\$ x days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	SS			
Medical:	SS			
Disbursement:	SS	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	SS			2) Report Format:
Total:	SS	Global Sum SS:		3) Survey fee:
FINAL PAYMENT		Date/Time:	Confirm with:	
Payee 1:	SS	Name 1:		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 2: (Strike if N.A.)	SS	Name 2:		
Payee 3: (Strike if N.A.)	SS	Name 3:		

