

15/5/2010

INS. CASE OWNER:

CC 6 / CTI1801

LKK:

IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

16/1/18

Date / Time:

18/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YK 9645B

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

30/08/18

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

GDB 9775A



INSRS:

WSP:

Tel :

Liability :

RMKS:

MT.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                               | STAGE                                           | DATE / PIC                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|
| GDB 9775A<br>YK 9645B                                                                                                                    | Non-Reporting ltr (1st):                        |                                                              |
|                                                                                                                                          | Non-Reporting ltr (2nd):                        |                                                              |
|                                                                                                                                          | Non-Reporting ltr (Final):                      |                                                              |
|                                                                                                                                          | Notification ltr (if non-pickup):               |                                                              |
|                                                                                                                                          | Call OI:                                        |                                                              |
|                                                                                                                                          | After call ltr to OI:                           |                                                              |
|                                                                                                                                          | <b>Documentation Check List: Handler Typist</b> |                                                              |
|                                                                                                                                          | 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"/>                        |                                                              |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By:                                                                                            |                                                 |                                                              |
| <b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:                                                                                 |                                                 |                                                              |
| Repair Cost: \$S                                                                                                                         | ( days) Reduction: %                            | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> 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: \$S                                                                                                                         |                                                 |                                                              |
| Loss of Rental (LOR): \$S                                                                                                                | ( days)                                         |                                                              |
| Loss of Use (LOU): \$S                                                                                                                   | ( \$ x days)                                    |                                                              |
| Loss of Income (LOI): \$S                                                                                                                | ( \$ 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                                                                                                                           | \$S                                             |                                                              |
| Medical:                                                                                                                                 | \$S                                             |                                                              |
| Disbursement:                                                                                                                            | \$S                                             | (e.g. Tow/ Independent )                                     |
| Legal Cost                                                                                                                               | \$S                                             |                                                              |
| Total: \$S                                                                                                                               | Global Sum \$S:                                 |                                                              |
| <b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>                               |                                                 |                                                              |
| Payee 1:                                                                                                                                 | \$S                                             | Name 1:                                                      |
| Payee 2: (Strike if N.A.)                                                                                                                | \$S                                             | Name 2:                                                      |
| Payee 3: (Strike if N.A.)                                                                                                                | \$S                                             | Name 3:                                                      |

