

15/5/2010

INS. CASE OWNER:

CC 4/FWD1801

8765, 643

LKK:

IDAC:

**ASSIGNMENT**

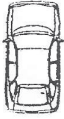
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II : \$

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

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

SJP 8837A



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 |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 13-11-18                                                                        | Non-Reporting ltr (1st):<br>Non-Reporting ltr (2nd):<br>Non-Reporting ltr (Final):<br>Notification ltr (if non-pickup):<br>Call OI:<br>After call ltr to OI:                                                                                                                                                                |            |
| 10-06-19                                                                        | Documentation Check List: Handler Typist<br>Notification ltr (if non-pickup)<br>After call ltr to OI:<br>Authorisation To Act:<br>Release Voucher:<br>Final Repair Bill:<br>Car Rental Invoice:<br>Towing Invoice:<br>LTA / GIA :<br>Medical Bill:<br>PIR:<br>Mandate/Reject Instruction:<br>LOD<br>Payment Breakdown Form: |            |
| 10-06-19                                                                        | Post-Repair Photos:<br>Others:                                                                                                                                                                                                                                                                                              |            |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By: Confirm with: Confirm by:         |                                                                                                                                                                                                                                                                                                                             |            |
| <b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:                        |                                                                                                                                                                                                                                                                                                                             |            |
| Repair Cost: \$ ( days) Reduction: % Email Call                                 |                                                                                                                                                                                                                                                                                                                             |            |
| <b>FINAL SETTLEMENT</b> 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): \$ (S x days)                                                |                                                                                                                                                                                                                                                                                                                             |            |
| Loss of Income (LOI): \$ (S 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 \$:                                                        |                                                                                                                                                                                                                                                                                                                             |            |
| <b>FINAL PAYMENT</b> 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:                                            |                                                                                                                                                                                                                                                                                                                             |            |