

19/5/2010

INS. CASE OWNER:

vall

CC 4 / AXA 1801 8972, A jlb

LKK:
IDAC:

Surveyor: Adrian

ASSIGNMENT
DOI: 18/10/08

Date / Time : 18/10/08

Registered in Merimen:

Pre-assign / CCU / FTE

SLA 750X



Insured Vehicle No. : _____

Claim No. : 88MO02LN / 95690

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 16/10/08

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SW 19154



INSRS:
WSP: MK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------|
| SW 19154 - Y | 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: _____ Confirm by: _____ | | |
| Repair Cost: \$S _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/> | | |
| FINAL SETTLEMENT 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 _____ (S x _____ days) | | |
| Loss of Income (LOI): \$S _____ (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: _____ | | |
| FINAL PAYMENT 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: _____ | | |

