

15/5/2010

INS. CASE OWNER:

CCP / III1801

9297,

p6h

LKK:

IDAC:

ASSIGNMENT

Surveyor:

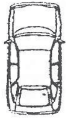
DOI:

Date / Time:

Registered in Merimen:

26/10/18
15/10/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 7625B

Name of Insured:

CTM

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

20/10/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

JOMID BIN KATI ABBAAS

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

MCDM005

KJUNDAI

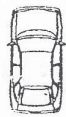
KJE TWPB BFE

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

Insured Liability:

% Final ? Yes / No

SK 72569



INSRS:

WSP:

Tel:

Liability:

RMKS:

cheng
Hoe

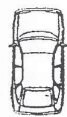
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
20/10/18	SHA 7625B	Non-Reporting ltr (1st):	
14/12/18	SK 72569	Non-Reporting ltr (2nd):	
15/12/18		Non-Reporting ltr (Final):	
18/06/19		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:	SS	(days) Reduction:	%
FINAL SETTLEMENT Date/Time:		Confirm with:	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	
Repair Cost:	SS		
Loss of Rental (LOR):	SS	(days)	
Loss of Use (LOU):	SS	(S x days)	
Loss of Income (LOI):	SS	(S x days)	
LOR only	☐	LOU only	☐
LOR + LOU	☐	LOR + LO	☐
[Tick only one]			
GIA/LTA Search	SS		
Medical:	SS		
Disbursement:	SS	(e.g. Tow/ Independent)	
Legal Cost	SS		
Total:	SS	Global Sum SS:	
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1:	SS	Name 1:	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	