

INS. CASE OWNER:

CC / AXA1802

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 :SS

Is driver the owner?

If **NO**, Driver Name / Age :

Driver Tel No. : \

(YES / NO)

Nature of Accident :

(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
100	Yes
90	Yes
80	Yes
70	Yes
60	Yes
50	Yes
40	Yes
30	Yes
20	Yes
10	Yes
0	Yes

INSRS:
WSP:
Tel :
Liability
RMKS:

INSRS:
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RMKS:		STAGE	DATE / PIC
Date/ Time		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)	☐ ☐
		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:	\$S (days) Reduction: %	Confirm by: Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:		Email ☐ Call ☐	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28. Ass. Lia :	
Repair Cost:	\$S (days)		
Loss of Rental (LOR):	\$S (S x days)		
Loss of Use (LOU):	\$S (S x days)		
Loss of Income (LOI):	\$S (S x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	\$S	1) Claim status: Normal/Reject/Private Settle	
Medical:	\$S	2) Report Format:	
Disbursement:	\$S	3) Survey fee:	
Legal Cost	\$S		
Total:	\$S	Global Sum \$S: Email ☐ Call ☐	
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1:	\$S	Name 1:	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	