

15/5/2010

INS. CASE OWNER:

CC 4/EQ1802

1899, G hoh

LKK:

IDAC:

Surveyor:

YGA

DOI:

ASSIGNMENT

6/1/18

Date / Time :

5/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SCU 899SM

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A:

07/1/18

Place of Accident :

Is driver the owner? ( YES / NO )

( 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

SCU 899SM

SMP 4607T

SMB 8886C



INSRS:

WSP:

Tel :

Liability :

RMKS:

01



INSRS:

WSP:

Tel :

Liability :

RMKS:

BW  
yp



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SMP 4607T - Y SCU 899SM - Y

STAGE

DATE / PIC

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:

<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>	
<b>FINALIZATION</b> Date/Time:		Confirm with:		Others: <input type="checkbox"/> <input type="checkbox"/>	
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	(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 + LOU <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S				
Medical:	\$S				
Disbursement:	\$S	(e.g. Tow/ Independent )		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$S			2) Report Format:	
<b>Total:</b> \$S		<b>Global Sum \$S:</b>		3) Survey fee:	
<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:			

