

15/5/2010

INS. CASE OWNER:

CC 4/QBE1802 3227, Webb

LKK:
IDAC:

Surveyor: Marcus DOI: ASSIGNMENT Date / Time: 17/1/10
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 5307D Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS D.O.A : net/1/10 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

GBA 7705A → → → → → → → →



INSRS: Tan
WSP: Wm
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>GBA 7705A</u>	Non-Reporting ltr (1st):	
<u>(1) Wm 5307D</u>	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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: \$\$ (_____ days) Reduction: % Email Call

FINAL SETTLEMENT 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): \$ (\$ x _____ days)

Loss of Income (LOI): \$ (\$ x _____ days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$

Medical: \$

Disbursement: \$ (e.g. Tow/ Independent)

Legal Cost \$

Total: \$ Global Sum \$:

FINAL PAYMENT 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: _____

