

RA CASE OWNER:

PA 1004, ASM 1900 0610, GAB

LEK: 92744
IDAC:

ASSIGNMENT

Pre-assign / CCU / FTE

DOI

Date / Time

15/1/2019 (15/1/19)

Registered in Merimen:



Insured Vehicle No

Name of Insured

Insured Tel No

Excess Sec II : \$5

Is driver the owner?

(YES / NO)

Nature of Accident

If NO, Driver Name / Age:

Driver Tel No.:

(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

STL328



INSRS:
WSP:
Tel:
Liability:
RMKS:

pm



INSRS:
WSP:
Tel:
Liability:
RMKS:



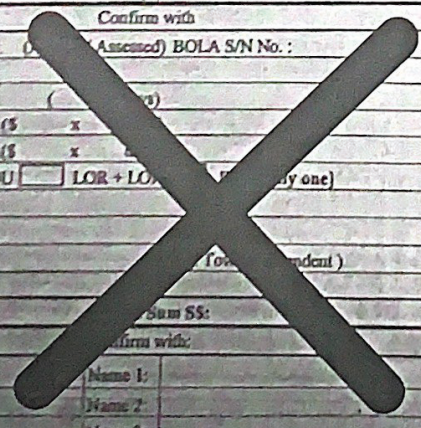
INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	15/04/2019
	Non-Reporting ltr (2nd):	13/05/2019
	Non-Reporting ltr (Final):	04/06/2019
	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:	\$5	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Assessed) BOLA S/N No.:
Repair Cost:	\$5	
Loss of Rental (LOR):	\$5	()
Loss of Use (LOU):	\$5	(\$ x)
Loss of Income (LOI):	\$5	(\$ x)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ (only one)		
GIA/LTA Search	\$5	
Medical:	\$5	
Disbursement:	\$5	(To independent)
Legal Cost:	\$5	
Total:	\$5	Sum \$5:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$5	Name 1:
Payee 2 (Circle if N/A):	\$5	Name 2:
Payee 3 (Circle if N/A):	\$5	Name 3:



1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:
4) RA fee: \$2.50