

15/5/2010

INS. CASE OWNER:

WJH Richard

CC 4 / AXA1900 0813 /

pb3

LKK: IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

14/1/19

Registered in Merimen:

Pre-assign / CCU / FTE

SLM 306XR



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II : \$\$

Is driver the owner? (YES / NO)

If NO, Driver Name / Age:

Driver Tel No.:

SLM 1402 WEL

HP:

D.O.A:

Nature of Accident:

U 4101

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

SAMU 145V / 92880

PIA180 W

TOYOTA

STEVEN RO

OI GIA REPORT YES / NO ; TP GIA REPORT YES / NO

Insured Liability: % Final ? Yes / No

SUP 623B



INSRS: WSP: Tel: Liability: RMKS:

Alan's united



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time

SUP 623B - X

SLM 306XR - X

STAGE

DATE / PIC

6/1/19 WJH

Samuel Ham

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

WJH 31/1/19

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:

24/2/19 02/8/19

cancel free. NO survey done.

CANCEL FILE -

8/8/19

File -> SP -> cancel

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$\$

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

50

(Agreed / Assessed)

BOLA S/N No.:

1919

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 + LO

[Tick only one]

GIA/LTA Search

\$\$

Medical:

\$\$

Disbursement:

\$\$

(e.g. Tow/ Independent)

Legal Cost

\$\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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:

Cancel