

INS. CASE OWNER:

CC 4 UP / ATG 1900 1025, Ujpb

LKK:
IDAC:

Surveyor: mnms

DOI: ASSIGNMENT

Date / Time: 16/1/14

Registered in Merimen: 12/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. : 84 7445C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 15/1/14

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



INSRS:
WSP: 20060
Tel :
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>GX 58774 - 6</u>	Non-Reporting ltr (1st):	
<u>84 7445C-4</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: _____ Post-Repair Photos:

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 + LO [Tick only one]
GIA/LTA Search \$\$
Medical: \$\$ 1) Claim status: Normal/Reject/Private Settle
Disbursement: \$\$ (e.g. Tow/ Independent) 2) Report Format:
Legal Cost \$\$ 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: _____

