

14/5/2010

INS. CASE OWNER:

KC

CC 4 / AXA 1900

1898,

LKK:
IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLA 1874R

Name of Insured:

SHAH ALAM

Insured Tel No.:

HP:

D.O.A: 14/1/14.

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: MST RUMA AKTER

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

S1M01K4Y / 96100

Policy No.:

6A09448

Make / Model:

TOYOTA

Place of Accident:

HIL ST.

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

% Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

P2 955T

WSP: 64670956

Tel: CHUN

Liability: ALIN.

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
P2 955T-X	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:	
PRELIMINARY ADVICE Date/Time: Sent By: Confirm by: Email ☐ Call ☐		
FINALIZATION Date/Time: Confirm with: (days) Reduction: % Email ☐ Call ☐		
Repair Cost: SS Confirm with: If NO or B 28, Ass. Lia:		
FINAL SETTLEMENT Date/Time: (Agreed / Assessed) BOLA S/N No.:		
Final Liability: %		
Repair Cost: SS (days)		
Loss of Rental (LOR): SS (\$ x days)		
Loss of Use (LOU): SS (\$ x days)		
Loss of Income (LOI): SS [Tick only one]		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		
GIA/LTA Search: SS		
Medical: SS (e.g. Tow/ Independent)		
Disbursement: SS		
Legal Cost: SS		
Total: SS Global Sum SS: Email ☐ Call ☐		
FINAL PAYMENT Date/Time: Confirm with:		
Payee 1: SS Name 1:		
Payee 2: (Strike if N.A.) SS Name 2:		
Payee 3: (Strike if N.A.) SS Name 3:		

13/1/2020 Spoke to Ins. they cant find any record

13/2/2020 to cancel case. No survey done.