

15/5/2010

INS. CASE OWNER:

CC Y/AIG1900 2850 72 jbb

LKK:
IDAC:

Surveyor:

Canfikh

DOI: ASSIGNMENT 15/7/14

Date / Time : 15/7/14
Registered in Merimen: 15/7/14

Pre-assign / CCU / FTE

SKZ 2374R



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$\$ D.O.A : 17/7/14

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

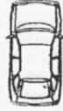
If NO, Driver Name / Age :

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SYU 66814



INSRS:
WSP:
Tel :
Liability :
RMKS:

km-2



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: 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): \$\$ (S x days) Loss of Income (LOI): \$\$ (S x days)

LOR only LOU only LOR + LOU LOR + LO [Tick only one] GIA/LTA Search: \$\$ Medical: \$\$ Disbursement: \$\$ (e.g. Tow/ Independent) 1) Claim status: Normal/Reject/Private Settle

Legal Cost: \$\$ 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:

