

15/5/2010

INS. CASE OWNER:

NORSHAH

CC 6

/AIG1900

3506, U123

LKK:

IDAC:

Surveyor:

Mhams

DOI:

ASSIGNMENT

25/1/14

Date / Time :

25/1/14

Registered in Merimen:

25/1/14

Pre-assign / CCU / FTE



Insured Vehicle No. :

SYX 8762M

Claim No. :

745678901234

Name of Insured :

ANTHONY MARY

Policy No. :

Insured Tel No. :

HP:

25/1/14

Make / Model :

Excess Sec II :\$S

D.O.A :

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

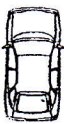
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

FBH 15510



INSRS:

WSP:

Tel :

Liability :

RMKS:

BHH



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

FBH 15510-X

SYX 8762M-X

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:

25/1/14 - 110

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI: BHH

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:

By (staff) :

VIC

Confirm with: Approved by :

VIC

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Approved by :

VIC

Confirm by:

Repair Cost:

L15

\$S

790.00

(4 days)

Reduction:

60%

06/11/19

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

0

(Agreed / Assessed) BOLA S/N No. :

33

Repair Cost:

\$S

-

Loss of Rental (LOR):

\$S

-

(days)

Loss of Use (LOU):

\$S

-

(S x days)

Loss of Income (LOI):

\$S

-

(S x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$S

-

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Legal Cost

\$S

-

Total:

\$S

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

-

Name 1:

-

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-

If NO or B 28, Ass. Lia :

CIP SUBROGATION OI

OI VIDEO IN

OI CHANGING

LANE

-

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00