

S. CASE OWNER:

CC 4 / Asm 1900

4249

Ghazal

IDAC:

Surveyor:

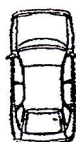
DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 796SP

Claim No. : 59m07689

Name of Insured :

Policy No. :

Insured Tel No. : HP: 5131-9

Make / Model :

Excess Sec II :SS D.O.A : 5131-9

Place of Accident :

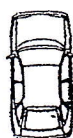
Is driver the owner? (YES / NO) Nature of Accident :

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:
Tel :
Liability :
RMKS:My car
consultantINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
19/12	Non-Reporting ltr (1st):	
19/12	Non-Reporting ltr (2nd):	
19/12	Non-Reporting ltr (Final):	
19/12	Notification ltr (if non-pickup):	
19/12	Call OI:	
19/12	After call ltr to OI:	
21/03/2010	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 with:	Confirm by:
FINALIZATION		Date/Time:	Repair Cost: 46	SS 900.00 (2 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:	SS -				
Loss of Rental (LOR):	SS - (days)				
Loss of Use (LOU):	SS - (\$ x days)				
Loss of Income (LOI):	SS - (\$ x days)				
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	SS -				1) Claim status: Normal/Reject/Private Settle
Medical:	SS -				2) Report Format: WP REPORT
Disbursement:	SS - (e.g. Tow/ Independent)				3) Survey fee: 250.00
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:			