

INS. CASE OWNER: Peter | CC 4/AXA1900 4453, 9/2019 | LKR: IDAC:

Surveyor: _____ DOI: _____ Date/Time: 12/2/19
ASSIGNMENT
 Registered in Meritum: _____

Pre-assign / CCU / FTE
 Insured Vehicle No.: STG 2785M
 Name of Insured: GMR km LHMEE
 Insured Tel No.: _____ HP: _____
 Excess Sec II :SS _____ D.O.A.: 11/2/19
 Is driver the owner? (YES/NO) (YES) 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

SMH 5251H → → → →
 INSRs: WSP: Hun
 Tel: Hong
 Liability: _____
 RMKS: _____
 INSRs: WSP: _____
 Tel: _____
 Liability: _____
 RMKS: _____
 INSRs: WSP: _____
 Tel: _____
 Liability: _____
 RMKS: _____
 INSRs: WSP: _____
 Tel: _____
 Liability: _____
 RMKS: _____

Date/Time	STAGE	DATE / PIC
SMH 5251H	Non-Reporting lr (1st):	15/06/2019
	Non-Reporting lr (2nd):	01/07/2019
	Non-Reporting lr (Final):	17/07/2019
	Notification lr (if non-pickup):	
	Call OI:	7/2/19
	After call lr to OI:	
	Documentation Check List:	Handler Typist
	Notification lr (if non-pickup)	<input checked="" type="checkbox"/>
	After call lr to OI:	<input checked="" 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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

13-6-19 SU, FOR GIA REPORTING FOLLOW-UP THANKS.

25/7 OI GIA Report in send ltr.

06/10/2020 10 DAYS NOTICE SEND TP ON 01/09/2020. TILL DATE NO FURTHER DEVELOPMENT. NO SURVEY DONE. CANCEL CASE. MR YEOW TO SIGN.

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
Repair Cost:	SS	(days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Assessed) BOLA S/N No.:	NIL	If NO or B 28, Ass. Lia: ON REVIEWED WITH STATIONERY TPV.
Repair Cost:	SS			
Loss of Rental (LOR):	SS	(days)		
Loss of Use (LOU):	SS	(S x days)		
Loss of Income (LOI):	SS	(S x)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + <input type="checkbox"/>			(only one)	
GIA/LTA Search	SS			1) Claim status: Normal/Reject/Private Settle
Medical:	SS		(pendent)	2) Report Format:
Disbursement:	SS			3) Survey fee:
Legal Cost	SS			
Total:	SS	Sum SS:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	SS	Name 1:		
Payee 2: (Strike if N.A.)	SS	Name 2:		
Payee 3: (Strike if N.A.)	SS	Name 3:		