

CC 4/EG1900 5904, e 563

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

31/4/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 1410J
Name of Insured : EMILY JANG WAL KAREN
Insured Tel No. : HP: 21/3/10
Excess Sec II : \$\$ D.O.A : 21/3/10

Claim No. :
Policy No. : DMPG1900495
Make / Model : VOLKSWAGEN
Place of Accident : KAMPUNG BAKIRU RW.

If driver the owner? (YES / NO) Nature of Accident :
If NO. Driver Name / Age : MESSA UM SRI MING
Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No

EF 6633T



INSRS:
WSP: Lini
Tel: Kuat
Liability:
RMKS:



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):	
16-12-19	INFORM ERGO CLAIMANT DID NOT SENT IN THE VEHICLE FOR SURVEY OR REPAIR.	
	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"/>
	After call ltr to OI:	<input 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"/>
15-01-20	CANCEL CASE DUE TO NO SURVEY DONE. TO CANCEL FILE. NO SURVEY.	

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$\$ (days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: Confirm with: Email Call

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : 19 SIDE SWIPE.
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)
Legal Cost: \$\$

Total: \$\$ **Global Sum \$\$:** 1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:

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: