

INS. CASE OWNER:

CC 5 / 11 1900 1111 / Pleas

IDAC:

Surveyor:

Amk

DOI:

ASSIGNMENT

22/04/2019

Date / Time :

22/04/2019

Registered in Merimen:

23/04/2019

Pre-assign / CCU / FTE

SAC 39236



Insured Vehicle No. : SAC 39236

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : \$\$ D.O.A : 20/04/2019

Place of Accident :

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

If NO, Driver Name / Age :

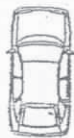
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SAC 6182H



INSRS:

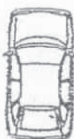
WSP:

Tel :

Liability :

RMKS:

Premier



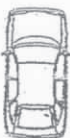
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time

SAC 6182H - 013/06/17013512 / K124392 ; 00A: 08/08/17
 - 05/04/17019426 / M9463 ; 00A: 12/04/17
 SAC 39236 - 003/06/17002723 / M9463 ; 00A: 12/04/17

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)	☐
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:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$\$	(days)	Reduction:	%
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):	\$\$	(\$ x days)		
Loss of Income (LOI):	\$\$	(\$ x days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]
GIA/LTA Search	\$\$			
Medical:	\$\$			
Disbursement:	\$\$	(e.g. Tow/ Independent)		
Legal Cost	\$\$			
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:		

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

