

15/9/2010

INS. CASE OWNER:

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SDP 700G Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II : \$ _____ D.O.A : _____ 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

SLC 3961Z



INSRS:
WSP: LHMK
Tel :
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):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
14/07/2020	admin check with wkshp. no survey done. cancel case. Mr yew to sign.	
	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: _____ Confirm by: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: \$	(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: %	(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)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input type="checkbox"/> (tick only one)		
GIA/LTA Search \$		
Medical: \$		
Disbursement: \$	(e.g. Towing dependent)	
Legal Cost \$		
Total: \$	Global Sum \$:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$	Name 1: _____	
Payee 2: (Strike if N.A.) \$	Name 2: _____	
Payee 3: (Strike if N.A.) \$	Name 3: _____	