

INS. CASE OWNER:

CC 6 /AIG1900

LKK:
IDAC:

Surveyor:

mnhlw

DOI:

ASSIGNMENT

15/4/19

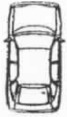
Date / Time :

15/4/19

Registered in Merimen:

15/4/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

skw 1857L

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$\$

D.O.A. :

15/4/19

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

SGT 8707P



INSRS:

WSP:

Tel :

Liability :

RMKS:

hak
wah.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time			STAGE	DATE / PIC
	SGT 8707P - 4	skw 1857L - 4	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:		
Repair Cost:	\$\$	(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:	\$\$			
Loss of Rental (LOR):	\$\$	(days)		
Loss of Use (LOU):	\$\$	(\$ x days)		
Loss of Income (LOI):	\$\$	(\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]			
GIA/LTA Search	\$\$			
Medical:	\$\$			
Disbursement:	\$\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$\$	2) Report Format:		
		3) Survey fee:		
Total:	\$\$	Global Sum \$S:		
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:		

