

15/9/2010

INS. CASE OWNER:

*Cynthia*

*AGM*  
CC *Y* / AXA1900 *8038*, *N p 63*

LKK:  
IDAC:

Surveyor:

*Maz*

DOI:

ASSIGNMENT

*6/6/10*

Date / Time:

*6/6/10*

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

*SLB 3426H*

Claim No. :

*Samu Jkpe / 113990*

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

*6/4/10*

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

*FX 18337*



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

*JAN*



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/Time	STAGE	DATE / PIC
<i>FX 18337 - X</i>	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List: Handler Typist</b>	
	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"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Confirm by: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: \$S ( \_\_\_\_\_ 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: \$S  
 Loss of Rental (LOR): \$S ( \_\_\_\_\_ days)  
 Loss of Use (LOU): \$S (S x \_\_\_\_\_ days)  
 Loss of Income (LOI): \$S (S x \_\_\_\_\_ days)  
 LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]  
 GIA/LTA Search \$S  
 Medical: \$S  
 Disbursement: \$S (e.g. Tow/ Independent )  
 Legal Cost \$S  
 1) Claim status: Normal/Reject/Private Settle  
 2) Report Format:  
 3) Survey fee:

**Total:** \$S **Global Sum \$S:**

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: \$S Name 1: \_\_\_\_\_  
 Payee 2: (Strike if N.A.) \$S Name 2: \_\_\_\_\_  
 Payee 3: (Strike if N.A.) \$S Name 3: \_\_\_\_\_

