

15/5/2010

INS. CASE OWNER:

CC 4 / LPC1900 8737, 1763

LKK:

IDAC:

ASSIGNMENT

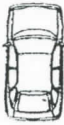
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II : \$S

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: TOH KIM SENG

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability:

%

Final ? Yes / No

SF 757P



INSRS:

WSP:

Tel:

Liability:

RMKS:

EXCESS



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SF 757P - X

GBC 9967P - X

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:

28/08/19

- PUE REVIEWED. CONDUCTING VETTING. WAITING INFO.

- TP CONFIRMED WITHDRAWN CLAIM.
- NO GUIDANCE.
- EMAIL TO LPC TO CANCEL CHECK.

29-08-19 TO CANCEL NO SURVEY DONE

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$S

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Cal

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

\$S

-

Loss of Rental (LOR):

\$S

-

(

days)

Loss of Use (LOU):

\$S

-

(\$

x

days)

Loss of Income (LOI):

\$S

-

(\$

x

days)

LOR only

LOU only

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GIA/LTA Search

\$S

-

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Legal Cost

\$S

-

Total:

\$S

-

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

\$S

-

Name 1:

-

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-

CANCELED
NO SURVEY

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: