

INS. CASE OWNER:

CC 6/III1900 9854, Fpb3

LKK:

IDAC:

Surveyor:

Fennetu

DOI:

ASSIGNMENT

3/6/19

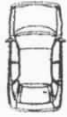
Date / Time :

3/6/19

Registered in Merimen:

4/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHA 5985A

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

15/3/19

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

SLS 279M



INSRS:

WSP:

Tel :

Liability :

RMKS:

OPTIMA
WEEK2

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
SLS 279M - 1	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:	Confirm by:	
Repair Cost:	SS	(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:	SS			
Loss of Rental (LOR):	SS	(days)		
Loss of Use (LOU):	SS	(S x days)		
Loss of Income (LOI):	SS	(S x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[Tick only one]	
GIA/LTA Search	SS			
Medical:	SS			
Disbursement:	SS	(e.g. Tow/ Independent)		
Legal Cost	SS			
Total:	SS	Global Sum SS:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	SS	Name 1:		
Payee 2: (Strike if N.A.)	SS	Name 2:		
Payee 3: (Strike if N.A.)	SS	Name 3:		

