

INS. CASE OWNER:

CC 6/CTI1900

LKK:

IDAC:

Surveyor:

marms

DOI:

ASSIGNMENT

Date / Time :

6/6/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 988 1261E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 4/6/19

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

EK 3323G

INSRS:
WSP: Fasten
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
EK 3323G	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: _____			
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 (\$ x _____ days)		
Loss of Income (LOI):	SS (\$ 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)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	SS	2) Report Format:	
		3) Survey fee:	
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:		

