

INS. CASE OWNER:

CC 4/AIG1900

9989, Kkbb.

LKK:

IDAC:

Surveyor:

ksc

DOI:

ASSIGNMENT

6/6/19

Date / Time :

6/6/19

Registered in Merimen:

6/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKZ 9550C

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

6/6/19

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

SN 4125G



INSRS:

WSP:

Tel :

Liability :

RMKS:

Esteem



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SN 4125G - K	Non-Reporting ltr (1st):	
SKZ 9550C - K	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:	
Repair Cost:	\$S	(days) Reduction:	%	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time:		Confirm with		Email ☐ Cal ☐	
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	(\$ x days)			
Loss of Income (LOI):	\$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)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$S			2) Report Format:	
				3) Survey fee:	
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:			

