

INS. CASE OWNER:

CC 4 / AIG1901 0987, K1 d63

LKK:  
IDAC:

Surveyor:

Kalin.

DOI:

ASSIGNMENT  
2/6/14

Date / Time :

20/6/14

Registered in Merimen:

2/6/14

Pre-assign / CCU / FTE

SCY 6786



Insured Vehicle No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$\$ D.O.A : 20/6/14

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

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

Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHB 6657F



INSRS: WSP: WHE  
Tel: W  
Liability:  
RMKS:



INSRS: WSP:  
Tel:  
Liability:  
RMKS:



INSRS: WSP:  
Tel:  
Liability:  
RMKS:



INSRS: WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 6657F - 1	Non-Reporting ltr (1st):	
SCY 6786 - 7	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	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"/>

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

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
Repair Cost: \$\$ ( \_\_\_\_\_ 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: \$\$

Loss of Rental (LOR): \$\$ ( \_\_\_\_\_ days)

Loss of Use (LOU): \$\$ (\$ \_\_\_\_\_ x \_\_\_\_\_ days)

Loss of Income (LOI): \$\$ (\$ \_\_\_\_\_ x \_\_\_\_\_ days)

LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]

GIA/LTA Search: \$\$

Medical: \$\$

Disbursement: \$\$ (e.g. Tow/ Independent )

Legal Cost: \$\$

**Total:** \$\$ **Global Sum \$\$:** \_\_\_\_\_

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

Payee 1: \$\$ Name 1: \_\_\_\_\_

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

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



