

INS. CASE OWNER:

CC4 / III 1901 1103; D p63

LKK:

IDAC:

Surveyor:

bryzo

DOI:

ASSIGNMENT

m/6/19

Date / Time:

m/6/19

Registered in Merimen:

m/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHB 4115X

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$

D.O.A :

m/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

SHB 6707A



INSRS:

WSP:

Tel :

Liability :

RMKS:

chunni



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 6707A - X	Non-Reporting ltr (1st):	
SHB 4115X - X	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: \$	(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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	\$	2) Report Format:
		3) Survey fee:
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:

50000

CDE April 2022

2014 April

Vehicle: IN / OUT

	
N/S	O/S

Rea H/9

The U/C / Chassis frame / Body Structure affected due to collision

III SUB 4115X

1	TOTAL	100
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