

15/5/2010

INS. CASE OWNER:

WILSON

CC

4UP
AIG 1901

1712, Ubbz.

LKK:

IDAC:

Surveyor:

Marinus

DOI:

ASSIGNMENT

26/6/19

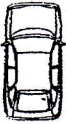
Date / Time:

25/6/19

Registered in Merimen:

26/6/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLK 39455

Claim No.:

7108457685

Name of Insured:

UP

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$\$

D.O.A.:

24/7/19

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

FX6299T



INSRS:

WSP:

Tel:

Liability:

RMKS:

erofin.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
FX6299T - X	Non-Reporting ltr (1st):	
SLK 39455 - X	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
01/06/19	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: AGAINST OI	
	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: L/S	SS 3,100.00 (5 days) Reduction: 58 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	SS -	NO SETTLEMENT
Loss of Rental (LOR):	SS - (days)	WP REPORT
Loss of Use (LOU):	SS - (\$ x days)	IF PIR LAWYER
Loss of Income (LOI):	SS - (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	SS -	1) Claim status: Normal/Reject/Private Settle
Medical:	SS -	2) Report Format: WP REPORT
Disbursement:	SS - (e.g. Tow/ Independent)	3) Survey fee: \$250.00
Legal Cost	SS -	
Total:	SS Global Sum \$:	
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: -	