

INS. CASE OWNER:

CC 3 /AIG1901 2671, d63

LKK:
IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

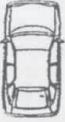
Date / Time : _____

5/8/09

Registered in Merimen: _____

5/8/09

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 6685A ✓

Claim No. : 2145 7719159

Name of Insured : DEI KURN BOONG VAPAY ✓

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 28/10

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

SMF 78995 -



INSRS: performance
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE/ PIC
SMF 78995 - x	Non-Reporting ltr (1st):	19/08/19
SMF 6685A - x	Non-Reporting ltr (2nd):	
no oi bna, send out 1st ltr 18/7/09.	Non-Reporting ltr (Final):	
17-01-20 TO CANCEL NO SURVEY.	Notification ltr (if non-pickup):	
4	Call OI:	
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
13/1/2020 - FILE PASS TO MMKL	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: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: \$\$ (_____ days) Reduction: % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search: \$\$		
Medical: \$\$		
Disbursement: \$\$ (e.g. Tow/ Independent)		
Legal Cost: \$\$		
Total: \$\$ Global Sum S\$: _____		
	1) Claim status: Normal/Reject/Private Settle	
	2) Report Format:	
	3) Survey fee:	
	4) RA fee: 2.5K	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$\$ Name 1: _____		
Payee 2: (Strike if N.A.) \$\$ Name 2: _____		
Payee 3: (Strike if N.A.) \$\$ Name 3: _____		