

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901 3862, h/b

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

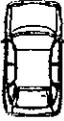
7/8/19

Registered in Merimen:

7/8/19

Pre-assign / CCU / FTE

SLS 57594



Insured Vehicle No. :

Claim No. :

611929110959

Name of Insured :

MUHAMMAD ABDEL WAHAB BIN MUHAMMAD USUF

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

1/8/19

Place of Accident :

Is driver the owner? (YES / NO)

(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

SML 2217



INRS: WSP: Tel: Liability: RMKS:

remunvork



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Date/ Time		STAGE	DATE/ PIC
	21/08/19 - 20/08/19	Non-Reporting ltr (1st):	30/08/2019
	21/08/19 - 1	Non-Reporting ltr (2nd):	
	no OI GIA (SML) UNT 2ST 16/7/19	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	23/09/19 - vic
23/09/19	17/09 OI GIA Report in. - PLS REVIEWED. OI FAX OPEN FORK BOOK W HIT TP SIDE BOOK. SEND LETTER 4 BULAN TO OI TO NOTIFY TP CLAIM 4 NCD KAWAS.	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: S\$ (days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: Confirm with: Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 200a If NO or B 28. Ass. Lia : COI FAX OPEN BOOK

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)

Legal Cost: S\$

Total: S\$ Global Sum S\$: 4) RA fee: \$2.54/

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ Name 1:

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

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