

15/5/2010

INS. CASE OWNER:

Yvonne

CC

KSM
AXA1901

5186, 12 wbb

LKK:

IDAC:

Surveyor:

rny fileh.

DOI:

ASSIGNMENT

26/8/19

Date / Time:

26/8/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKK 7468A

Claim No. :

Samozyow 134139

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$S

D.O.A :

24/8/19

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

SU 6475H



INSRS:

WSP:

Tel :

Liability :

RMKS:

1-MEL
WATO

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	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:	☐ ☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S	(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:	\$S		
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Loss of Rental (LOR):	\$S	(days)	
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Loss of Use (LOU):	\$S	(\$ x days)	
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Loss of Income (LOI):	\$S	(\$ x days)	
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
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GIA/LTA Search	\$S		
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Medical:	\$S		
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Disbursement:	\$S	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
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Legal Cost	\$S		2) Report Format:
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			3) Survey fee:
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Total:	\$S	Global Sum \$S:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	\$S	Name 1:	
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Payee 2: (Strike if N.A.)	\$S	Name 2:	
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Payee 3: (Strike if N.A.)	\$S	Name 3:	
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