

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901 6564, 12 eb3

LKK:

IDAC:

Surveyor: Taufiqh - DOI: ASSIGNMENT 20/11/11 Date / Time: 12/11/11 Registered in Merimen: 12/11/11

Pre-assign / CCU / FTE



Insured Vehicle No.: SMA 6124C Claim No.: Name of Insured: Policy No.: Insured Tel No.: HP: Make / Model: Excess Sec II :S\$ D.O.A.: 12/11/11 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

SKK 8143E



INSRS: Teamwork WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Table with columns: Date/ Time, STAGE, DATE / PIC. Rows include: 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), PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, and FINAL PAYMENT.

