

INS. CASE OWNER:

CC6/CTI20000556/Fha3

LKK:

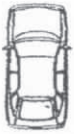
IDAC:

ASSIGNMENT

Surveyor: RAMDOI: 07/01/2020Date / Time : 07/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SLZ 8569U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 04/01/2020 23:00Place of Accident : WOODLANDS CHECKPOINT

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

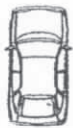
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMQ 7182T

INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMQ 7182T - X SLZ 8569U - X	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost:	\$ \$	(_____ 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:	\$ \$		
Loss of Rental (LOR):	\$ \$	(_____ days)	
Loss of Use (LOU):	\$ \$	(\$ x _____ days)	
Loss of Income (LOI):	\$ \$	(\$ x _____ days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐			[Tick only one]
GIA/LTA Search	\$ \$		
Medical:	\$ \$		
Disbursement:	\$ \$	(e.g. Tow/ Independent)	
Legal Cost	\$ \$		
Total:	\$ \$	Global Sum \$ \$:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Payee 1:	\$ \$	Name 1:	
Payee 2: (Strike if N.A.)	\$ \$	Name 2:	
Payee 3: (Strike if N.A.)	\$ \$	Name 3:	

