

INS. CASE OWNER:

CC3 / A16 2000 4801 /

ds3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

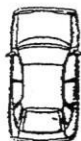
Date / Time :

21/4/2020

Registered in Merimen:

21/4/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 2162J
 Name of Insured : Mohamad Haidill Bin Yusuf
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 29/1/2020
 Is driver the owner? (YES / NO) Nature of Accident : _____

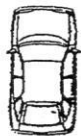
Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

If NO, Driver Name / Age :

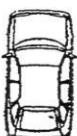
Driver Tel No. :

(V/L: YES / NO)OI GIA REPORT YES / NO ; TP GIA REPORT YES / NO

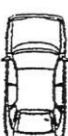
Insured Liability : % Final ? Yes / No

SBL 2373T

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



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



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



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

Date/ Time		STAGE	DATE / PIC
	<u>SBL2373T : CC3/A16/4008818/ery3w2; DDA:9/5/14</u>	Non-Reporting ltr (1st):	
	<u>SLX 2162J : X</u>	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: \$S	(_____ 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: \$S			
Loss of Rental (LOR): \$S	(_____ days)		
Loss of Use (LOU): \$S	(\$ _____ x _____ days)		
Loss of Income (LOI): \$S	(\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	\$S		
Medical:	\$S		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	\$S		3) Survey fee:
Total:	\$S Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	\$S Name 1: _____		
Payee 2: (Strike if N.A.)	\$S Name 2: _____		
Payee 3: (Strike if N.A.)	\$S Name 3: _____		