

INS. CASE OWNER:

CC 3 / AIG 2000 4929 / ps3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time: _____

6/4/2020

Registered in Merimen: _____

6/4/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SB402
 Name of Insured : Ooi Chung Mui Hae Tan
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 2/4/2020
 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

ET6006E

INSRS:
WSP: Volkswagen
Tel :
Liability :
RMKS:



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:	☐ ☐
	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: % (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 ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search \$S		
Medical: \$S		
Disbursement: \$S (e.g. Tow/ Independent)		
Legal Cost \$S		
Total: \$S Global Sum \$S:		
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: _____		