

15/05/2019

CC3/FCI20005250/Kga3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: :

Make / Model :

Excess Sec II : \$\$ D.O.A : :

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. :

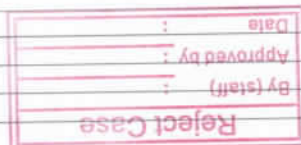
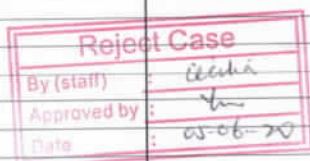
(V/L: YES / NO)

Insured Liability :

% Final ? Yes / No

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

Date/ Time	STAGE	DATE / PIC
03/06/2020	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: P/P \$S 4250.83 (3 days) Reduction: 36,620.45% 89 Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: Confirm with RYAN Email ☐ Call ☐		
Final Liability: % 0 (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:		


 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: REJECT
 3) Survey fee: \$350.00