

INS. CASE OWNER:

CC 6 / AIG 2000 7672 / Kds3

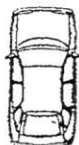
LKK:

IDAC:

## ASSIGNMENT

Surveyor: KennethDOI: 29/07/2020Date / Time : 27/07/2020Registered in Merimen: 27/07/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMC 4911A

Claim No. : \_\_\_\_\_

Name of Insured : NORLIATI BINTE ABDUL RAHMAN

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$S

D.O.A : 21/07/2020

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

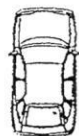
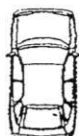
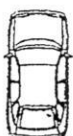
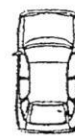
Driver Tel No. :

(V/L ☒ YES / NO )

Insured Liability : \_\_\_\_\_ %

Final ? Yes / No

SLU 5870U

INSRS:  
WSP: OPTIMA  
Tel : WERKZ  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SLU 2870U : SMC 4911A : NA/INC20007645/z4 ; DOA : 21/07/2020	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Confirm with: _____	Confirm 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: <u>WP</u>	
Legal Cost	\$S	3) Survey fee: <u>\$250</u>	
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: _____		