

INS. CASE OWNER:

CC 4 /AIG 2000 8142 /

es3

LKK:

IDAC:

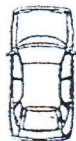
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **06/08/2020**Registered in Merimen: **06/08/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SMA 7116U**

Claim No. : _____

Name of Insured : **CHIAM KENG HWEE**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : **18/04/2019**

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

YN 5433GINSRS:
WSP: **AIM**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	YN 5433G : X	
	SMA 7116U : CC3/AIG19006994/Eqd3e2 ; DOA : 18/04/2019	
	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:
Repair Cost:	SS (days) Reduction:	%
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	SS	
Loss of Rental (LOR):	SS (days)	
Loss of Use (LOU):	SS (\$ x days)	
Loss of Income (LOI):	SS (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	SS	
Medical:	SS	
Disbursement:	SS (e.g. Tow/ Independent)	
Legal Cost	SS	
Total:	SS	Global Sum SS:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS	Name 1:
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

01.03.21

TP WITHDRAWN CLAIM /
CANCEL CASE DUE TO NO SURVEY DONE.1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee: