

INS. CASE OWNER:

CC6/AIG21005665/rs3 pas

LKK:
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 10/05/2021
Registered in Merimen: 10/05/2021

Pre-assign / CCU / FTE

	Insured Vehicle No. : <u>GX 2005P</u>	Claim No. : _____
	Name of Insured : <u>KST Leasing & Servicing</u>	Policy No. : _____
	Insured Tel No. : _____ HP: _____	Make / Model : _____
	Excess Sec II :\$\$_	D.O.A : <u>09/05/2021</u>
	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

SGU 2977A

	INSRS: WSP: <u>HOCK WAH</u>		INSRS: WSP: _____		INSRS: WSP: _____		INSRS: WSP: _____
	Tel : _____		Tel : _____		Tel : _____		Tel : _____
	Liability : _____		Liability : _____		Liability : _____		Liability : _____
	RMKS: _____		RMKS: _____		RMKS: _____		RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SGU 2977A : CC4/AXA17006321/hb3XX ; DOA : 23/03/2017	
	GX 2005P : CC3/AIG20003218/Qes3q2 ; DOA : 21/02/2020	
17/05/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	
	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

4 → TP no evidence
→ no survey done
→ To cancel

PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Confirm by: _____
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost:	\$\$_	(_____ 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:	\$\$_		
Loss of Rental (LOR):	\$\$_	(_____ days)	
Loss of Use (LOU):	\$\$_	(\$ x _____ days)	
Loss of Income (LOI):	\$\$_	(\$ x _____ days)	
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LC <input type="checkbox"/> [Tick only one]
GIA/LTA Search	\$\$_		
Medical:	\$\$_		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$\$_	(e.g. Tow/ Independent)	2) Report Format: <u>Merimen Bill.</u>
Legal Cost	\$\$_		3) Survey fee: <u>\$11-00</u>
Total:	\$\$_	Global Sum \$\$_:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$\$_	Name 1: _____	
Payee 2: (Strike if N.A.)	\$\$_	Name 2: _____	
Payee 3: (Strike if N.A.)	\$\$_	Name 3: _____	