

INS. CASE OWNER:

CC4/LPC21010648/gs3

LKK:

IDAC:

ASSIGNMENT

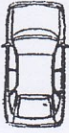
Surveyor: _____

DOI: _____

Date / Time : 15/10/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SGK 8118B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ D.O.A : 08/10/2021

Place of Accident : _____

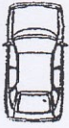
Is driver the owner? (YES / NO) Nature of Accident : _____

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**FBL 2494HINSRS:
WSP: PRO-JEX
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBL 2494H : CS3/SMO21010394/Avf3e2 ; DOA : 08/10/2021	Non-Reporting ltr (1st):	
	SGK 8118B : CS3/LPC21010398/Atf3e2 ; DOA : 08/10/2021	Non-Reporting ltr (2nd):	
22/11/21	- TP withdraw case. No survey done.	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 + LC ☐ [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: _____		

Cancel case.

- 1) Claim status: Normal/Reject/Private Settle
 2) Report Format:
 3) Survey fee: