

INS. CASE OWNER:

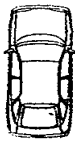
CC3/AIG22006293/ga3

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 01/07/2022Registered in Merimen: 01.07.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SJS 7712P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

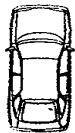
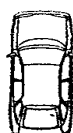
Excess Sec II :\$ \$ D.O.A : 29/06/2022 18:40Place of Accident : JALAN DATOH

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**SHD 6480SINSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date	Customer Name	Vehicle No.	TP Vehicle No.	Assessment Date	Close Date	Created By																																
	CC3/AIG12011058/R1st2q2	24/09/2012	SHD 6480S	SJS 6374M	02/08/2012	26/09/2012	MRB																																
	NS/INC14006382/K1tm3u2	17/04/2014	SHD 6480S	PA 611S	02/04/2014	23/04/2014	BPL																																
SJS 7712P - X																																							
Non-Reporting ltr (Final):																																							
Notification ltr (if non-pickup):																																							
Call OI:																																							
After call ltr to OI:																																							
Documentation Check List:																																							
<table border="1"> <thead> <tr> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr> <td>Notification ltr (if non-pickup)</td> <td>☐</td> </tr> <tr> <td>After call ltr to OI:</td> <td>☐</td> </tr> <tr> <td>Authorisation To Act:</td> <td>☐</td> </tr> <tr> <td>Release Voucher:</td> <td>☐</td> </tr> <tr> <td>Final Repair Bill:</td> <td>☐</td> </tr> <tr> <td>Car Rental Invoice:</td> <td>☐</td> </tr> <tr> <td>Towing Invoice</td> <td>☐</td> </tr> <tr> <td>LTA / GIA :</td> <td>☐</td> </tr> <tr> <td>Medical Bill:</td> <td>☐</td> </tr> <tr> <td>PIR:</td> <td>☐</td> </tr> <tr> <td>Mandate/Reject Instruction:</td> <td>☐</td> </tr> <tr> <td>LOD</td> <td>☐</td> </tr> <tr> <td>Payment Breakdown Form:</td> <td>☐</td> </tr> <tr> <td>Post-Repair Photos:</td> <td>☐</td> </tr> <tr> <td>Others:</td> <td>☐</td> </tr> </tbody> </table>								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:	☐
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Post-Repair Photos:	☐																																						
Others:	☐																																						
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____																																							
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____																																							
Repair Cost: \$ \$ (_____ 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: \$ \$																																							
Loss of Rental (LOR): \$ \$ (_____ days)																																							
Loss of Use (LOU): \$ \$ (\$ _____ x _____ days)																																							
Loss of Income (LOI): \$ \$ (\$ _____ x _____ days)																																							
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]																																							
GIA/LTA Search \$ \$																																							
Medical: \$ \$																																							
Disbursement: \$ \$ (e.g. Tow/ Independent)																																							
Legal Cost \$ \$																																							
Total: \$ \$ Global Sum \$ \$:																																							
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐																																							
Payee 1: \$ \$ Name 1: _____																																							
Payee 2: (Strike if N.A.) \$ \$ Name 2: _____																																							
Payee 3: (Strike if N.A.) \$ \$ Name 3: _____																																							