

INS. CASE OWNER:

ASSIGNMENTSurveyor: **KENNETH**

DOI: _____

Date / Time : **15/11/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJK 3502Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A : **12/11/2022 11:00**

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****SJN 9490S**INSRS:
WSP: **FALCON**
Tel : **AIR - S/M**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SJN 9490S - X			
SJK 3502Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date	CS/AXA10004455/Abg1 15/03/2010	SCK 4533J SJK 3502Y 03/03/2010 17/08/2010 GYY	NA/AIC10004313/r 04/03/2010 LIM TZZY HAUR SCK 4533J SJK 3502Y 03/03/2010 08/03/2010 LWS
		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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
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:	\$ \$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$ \$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$ \$		3) Survey fee:
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:	