

INS. CASE OWNER:

ASSIGNMENTSurveyor: ADRIAN

DOI: _____

Date / Time : 11.01.2023Registered in Merimen: 11.01.2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SJU 9945K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 08.01.2023 20:20

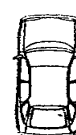
Place of Accident : _____

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**SMG 9825LINSRS:
WSP: RYDER AUTO
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. Accident Date Close Date Created By	DATE / PIC
SMG 9825L	CS/AGI21007721/Kvf3n2 10/08/2021 SLT 7740D SMG 9825L 13/07/2021 10/08/2021 LST1	
SJU 9945K	CS/SMO18020016/Ksbm2 02/01/2019 SJU 9945K SKL 2751J 02/11/2018 02/01/2019 CKL	
	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:	\$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 + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S\$	
Medical:	\$S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S\$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$S\$	3) Survey fee:
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: _____	