

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **07/06/2023**

Registered in Merimen: **07/06/2023**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SMR 827H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A : **06/06/2023 12:30**

Place of Accident : _____

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

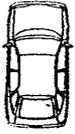
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

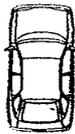
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

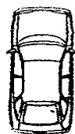
SHB 271D



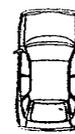
INSRS:
WSP: **STRIDES**
Tel :
Liability :
RMKS:



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. Accident Date Closed | State | Created By | DATE / PIC |
|---|---|---|--------------------------|--------------------------|
| SHB 271D - X | CC3/AIG08033255/Zmj 13/05/2009 SHB 271D SJE 7757J 18/12/2008 21/05/2009 SH | Non-Reporting ltr (1st): | | |
| | CC3/AIG18009468/R1k1n3q2 10/07/2013 SHB 271D SGH 567G 25/05/2013 12/07/2013 MRB | Non-Reporting ltr (2nd): | | |
| | CS/TIT08027984/T1w 22/10/2008 SHB 271D 09/10/2008 24/10/2008 TMC | Non-Reporting ltr (Final): | | |
| | CS/TIT11024399/R1y1n 26/11/2012 SHB 271D 27/11/2011 27/11/2012 MRB | Call OI: | | |
| | NBA/INC19022463/h4 23/12/2019 LIAN WEI QIANG SHERMAN SLX 4079D SHB 271D 22/12/2019 30/12/2019 SH | After call ltr to OI: | | |
| | NS/INC14022072/K1tbk3 23/12/2014 SHB 271D SJP 8660P 22/11/2014 24/12/2014 CKL | Documentation Check List: | Handler | Typist |
| | NS/INC15011779/K1td1 03/09/2015 SHB 271D YK 4799Z 10/07/2015 03/09/2015 CKL | Notification ltr (if non-pickup) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | After call ltr to OI: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Authorisation To Act: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Release Voucher: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Final Repair Bill: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Car Rental Invoice: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Towing Invoice | <input type="checkbox"/> | <input type="checkbox"/> |
| | | LTA / GIA : | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Medical Bill: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | PIR: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Mandate/Reject Instruction: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | LOD | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Post-Repair Photos: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> | <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: _____ Sent 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 + LOI <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: | | |
| Legal Cost | \$ \$ | 3) Survey fee: | | |
| 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: _____ | | | |