

13/5/2010

INS. CASE OWNER:

CC 3/EQ11701

3653, Kd66

LKK:
IDAC:

Surveyor:

Kelmeeta

DOI:

12/2/14

Date / Time :

12/2/14

Registered in Merimen:

Pre-assign / CCU / FTE

GAD 2065E



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A :

12/2/14

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

SHD 972VA



INRS: TRANS
WSP: CAN
Tel :
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 972VA - X	Non-Reporting ltr (1st):	
GAD 2065E - 20/02/14 10:00 AM	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: Sent By:	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: \$\$	1) Claim status: Normal/Reject/Private Settle	
Medical: \$\$	2) Report Format:	
Disbursement: \$\$ (e.g. Tow/ Independent)	3) Survey fee:	
Legal Cost: \$\$		
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:		

