

INS. CASE OWNER:

CC 4/EQ1702 2572, m2663

LKK:
IDAC

Survivor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

HP:

D.O.A.:

Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

50

Final ? Yes / No

76075 215

INSRS:
WSP:
Tel :
Liability
RMKS:

Rally
mtstop

INSRS:
WSP:
Tel :
Liability
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
SLE 28097-4 SLE 28097-4	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:	☐	☐	
Post-Repair Photos:	☐	☐	
Others:	☐	☐	

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINANCIALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS	(days)	Reduction: %	Email Call
FINANCIAL SETTLEMENT		Date/Time:	Confirm with:	Email Call
Liability:	%	(Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost:	SS			
Cost of Rental (LOR):	SS	(days)		
Cost of Use (LOU):	SS	(\$ x days)		
Loss of Income (LOI):	SS	(\$ x days)		
Pay only ☐ LOR only ☐ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]			
GLOBALTA Search	SS			1) Claim status: Normal/Reject/Private Settle
Assessment:	SS	(e.g. Tow/ Independent)		2) Report Format:
Cost	SS			3) Survey fee:
Total:	SS	Global Sum SS:		Email Call
FINANCIAL PAYMENT		Date/Time:	Confirm with:	Email Call
Payment 1:	SS	Name 1:		
Payment 2: (Strike if N.A.)	SS	Name 2:		
Payment 3: (Strike if N.A.)	SS	Name 3:		

