

INS. CASE OWNER:

CC 6 /AIG1702 3782, AUB3

LKK:
IDAC:

Surveyor: Adnan

DOI: 12/12/11

Date / Time: 12/12/11
Registered in Merimen: 12/12/11

Pre-assign / CCU / FTE

GBA 79215

Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

Make / Model : _____

Excess Sec II : \$\$ _____

HP: _____
D.O.A: 11/12/11

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SVV 9508m



INSRS:
WSP:
Tel:
Liability:
RMKS:

pegnus



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SVV 9508m - 2</u>	<u>GBA 79215 - 7</u>	
	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)	<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: _____ Confirm by: _____

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)
LOI only LOU only LOR + LOU LOR + LOI [Tick only one]
GIA/LTA Search: \$\$
Medical: \$\$
Disbursement: \$\$ (e.g. Tow/ Independent)
Legal Cost: \$\$
Total: \$\$ Global Sum \$\$: _____
1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Receipt 1: \$\$ Name 1: _____
Receipt 2: (Strike if N.A.) \$\$ Name 2: _____
Receipt 3: (Strike if N.A.) \$\$ Name 3: _____

