

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1800 0674, Rubh

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

10/1/18

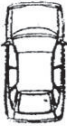
Date / Time:

10/1/18

Registered in Merimen:

11/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLA 44697

Name of Insured :

Insured Tel No. : HP: 08/01/18

Excess Sec II : \$\$ D.O.A :

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

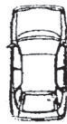
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

6x 2407

SLA 44697

SHB 9857E

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS: Trans
WSP: CNU
Tel:
Liability:
RMKS: TPINSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 9857E - 114/01/18 003832/TP 6352 DUA-16/1/18	Non-Reporting ltr (1st):	
SLA 44697 - 114/01/18 004841/15 DUA-8/1/18	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:	
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)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search		
Medical:		
Disbursement:	(e.g. Tow/ Independent)	
Legal Cost		
Total: \$\$	Global Sum \$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	Name 1:	
Payee 2: (Strike if N.A.)	Name 2:	
Payee 3: (Strike if N.A.)	Name 3:	

