

15/02/10:

INS. CASE OWNER:

CC 3 / QBE18000997 / R/453

LKK:

IDAC:

Surveyor:

RAGUL

DOI:

15/01/18

Date / Time:

15/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKS 2882C

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$

D.O.A.:

12/01/18

Place of Accident:

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

SHC 4596P



INSRS:

WSP: SMR (Goodlands)

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
SHC 4596P - CE/IT10022460/R/1 DOA: 06/11/10	Non-Reporting ltr (1st):	
J-NTA/IT10021082/Y DOA: 19/10/10	Non-Reporting ltr (2nd):	
SKS 2882C - X	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:	
PRELIMINARY ADVICE Date/Time: 19/01/18 Sent By: Shidy Hoo	Post-Repair Photos:	
	Others:	
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 + LO ☐ [Tick only one]		
GIA/LTA Search: \$		
Medical: \$		
Disbursement: \$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost: \$	2) Report Format:	
Total: \$ Global Sum \$:	3) Survey fee:	
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:		

