

15/5/2010

INS. CASE OWNER:

CC 4 /EQ1800

LKK:

IDAC:

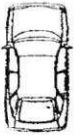
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

If NO, Driver Name / Age:

Driver Tel No.:

HP:

D.O.A.:

Nature of Accident:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

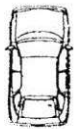
Place of Accident:

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No



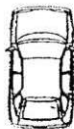
INSRS:

WSP:

Tel:

Liability:

RMKS:



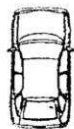
INSRS:

WSP:

Tel:

Liability:

RMKS:



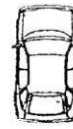
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

11/5/18

MURAN

31/5/10

GZ 74775 - X

GBO 4860m

Call OIB confirm accident details. OIB was stationary at the yellow box when the driver and collided to our insured vehicle. OIB to get evidence from and relay back to us.

STAGE

DATE / PIC

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(

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:

SS

(

days)

Reduction:

%

Loss of Rental (LOR):

SS

(

days)

Reduction:

%

Loss of Use (LOU):

SS

(

days)

Reduction:

%

Loss of Income (LOI):

SS

(

days)

Reduction:

%

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

(

days)

Reduction:

%

Medical:

SS

(

days)

Reduction:

%

Disbursement:

SS

(

days)

Reduction:

%

Legal Cost

SS

(

days)

Reduction:

%

Total:

SS

(

days)

Reduction:

%

Global Sum SS: 5900.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

(

days)

Reduction:

%

Name 1:

%

Payee 2: (Strike if N.A.)

SS

(

days)

Reduction:

%

Name 2:

%

Payee 3: (Strike if N.A.)

SS

(

days)

Reduction:

%

Name 3:

%

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Email

Call

Email

Call

Email

Call

Email

Call

