

15/5/2010

INS. CASE OWNER:

CC3 / AIG1801 0244, 12-jb

LKK:
IDAC:

Surveyor: Tanti Kh DOI: 07/6/08 Date / Time: 17/6/08 Registered in Merimen: 17/6/08

Pre-assign / CCU / FTE



Insured Vehicle No. : SFV 5327D
Name of Insured :
Insured Tel No. : HP:
Excess Sec II : \$\$ D.O.A : 07/6/08
Is driver the owner? (YES / NO) Nature of Accident :

Claim No. :
Policy No. :
Make / Model :
Place of Accident :

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SUB 3075C



INSRS:
WSP:
Tel:
Liability:
RMKS: Volkswagen



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Table with columns for Date/Time, STAGE, and DATE / PIC. Includes sections for PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, and FINAL PAYMENT with various fields for costs, dates, and confirmations.

