

15/5/2010

INS. CASE OWNER:

Kamalhanan | CC 4, Asm 762, A ebb

LKK:
IDAC:

Surveyor: Adrian DOI: 7/7/18 Date / Time: 4/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SYQ 612L
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II : \$\$ D.O.A : 21/6/18
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : S8M00MVI | 55088
Policy No. : _____
Make / Model : _____
Place 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



INSRS: _____
WSP: Sin
Tel : _____
Liability : kwel
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>SKD 5167T</u>	Non-Reporting ltr (1st):	
<u>SYQ 612L</u>	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____		
Repair Cost: \$\$() days) Reduction: % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia :	
Repair Cost: \$\$() days)		
Loss of Rental (LOR): \$\$(\$ x days)		
Loss of Use (LOU): \$\$(\$ x days)		
Loss of Income (LOI): \$\$(\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GLA/LTA Search: \$\$() days)		
Medical: \$\$() days)		
Disbursement: \$\$(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost: \$\$() days)	2) Report Format:	
Total: \$\$() days)	3) Survey fee:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$\$() days)	Name 1:	
Payee 2: (Strike if N.A.) \$\$() days)	Name 2:	
Payee 3: (Strike if N.A.) \$\$() days)	Name 3:	

