

INSURANCE

INS. CASE OWNER:

Worsim

CC 3 /AIG1601

6503, H2W63/2

LKK
IDAC

Surveyor:

Henry

DOI:

1/9/16

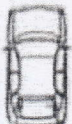
Date / Time:

1/9/16

Registered in Merit:

2/1/16

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJV 81585

Name of Insured:

ANG SEE LUN

Insured Tel No.:

HP: 81824344

Excess Sec II :\$

D.O.A: 3/1/16

Is driver the owner?

(YES / NO)

Nature of Accident:

EQ

If NO, Driver Name / Age:

Driver Tel No.:

SH 68690

(VA YES/NO)

Claim No.:

097710209834

Policy No.:

7100437960

Make / Model:

LEXUS

Place of Accident:

SLR AFTER Y10 LUN KANG

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

Insured Liability: Final ? Yes / No



INSRS:
WSP:
Tel:
Liability:
RMKS:

Whe
locking



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
7/1/16	Non-Reporting hr (1st)	
7/1/16	Non-Reporting hr (2nd)	
7/1/16	Non-Reporting hr (Final)	
7/1/16	Notification hr (if non-pickup)	
7/1/16	Call OT:	08/09/16 - 5pm
7/1/16	After call hr to OI:	08/09/16
7/1/16	Documentation Check List:	Handler Typist
7/1/16	Notification hr (if non-pickup)	
7/1/16	After call hr to OI:	(KUN)
7/1/16	Authorisation To Act:	
7/1/16	Release Voucher:	
7/1/16	Final Repair Bill:	
7/1/16	Car Rental Invoice:	
7/1/16	Towing Invoice:	
7/1/16	TA / GIA:	
7/1/16	Medical Bill:	
7/1/16	PDR: TP DRUNK DRIVING:	
7/1/16	Mandate/Reject Instruction:	
7/1/16	LOD:	
7/1/16	Payment Breakdown Form:	
7/1/16	Post-Repair Photos:	
7/1/16	Others:	TP DRUNK DRIVING

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: TOTAL LOSS \$5	(days) Reduction:	Confirm by:
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	27 (Agreed / Assessed) BOLA S/N No.:	27 (OLD) (KORR-ENDED TP)
Repair Cost: TOTAL LOSS \$5	15 days	15 days
Loss of Rental (LOR):	15 days	15 days
Loss of Use (LOU):	15 days	15 days
Loss of Income (LOI):	15 days	15 days
LOR only [] LOU only [] LOR + LOU [] LOR + LOI []	(Tick only one)	
GIA/TA Search	\$5	
Medical	\$5	
Disbursement:	\$5	
Legal Cost	\$5	
Total:	\$5	Global Sum \$5:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$5	Name 1:
Payee 2: (Strike if N.A.)	\$5	Name 2:
Payee 3: (Strike if N.A.)	\$5	Name 3: