

15/5/2010

INS. CASE OWNER:

CC 4/LPC1801 3ml, Dubb

LKK:  
IDAC:

Surveyor: Prayan

DOI: 20/3/18

Date / Time : 12/3/18

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : SKQ 712J

Claim No. : 12/18/18/1005/000766

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$S \_\_\_\_\_ D.O.A : 12/3/18

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature 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

SKQ 712J → SKC 267L → SKS 91226



INSRS:  
WSP:  
Tel :  
Liability : 01  
RMKS:



INSRS:  
WSP: Chunni  
Tel :  
Liability : 7p  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SKC 267L-4</u>	Non-Reporting ltr (1st):	
<u>SKQ 712J-4</u>	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List: Handler Typist</b>	
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_  
 Post-Repair Photos:    
 Others:

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: \$S \_\_\_\_\_ ( \_\_\_\_\_ 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: \$S \_\_\_\_\_  
 Loss of Rental (LOR): \$S \_\_\_\_\_ ( \_\_\_\_\_ days)  
 Loss of Use (LOU): \$S \_\_\_\_\_ (\$ x \_\_\_\_\_ days)  
 Loss of Income (LOI): \$S \_\_\_\_\_ (\$ x \_\_\_\_\_ days)  
 LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]  
 GIA/LTA Search \$S \_\_\_\_\_  
 Medical: \$S \_\_\_\_\_  
 Disbursement: \$S \_\_\_\_\_ (e.g. Tow/ Independent )  
 Legal Cost \$S \_\_\_\_\_  
 1) Claim status: Normal/Reject/Private Settle  
 2) Report Format: \_\_\_\_\_  
 3) Survey fee: \_\_\_\_\_

**Total:** \$S \_\_\_\_\_ **Global Sum \$S:** \_\_\_\_\_

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call   
 Payee 1: \$S \_\_\_\_\_ Name 1: \_\_\_\_\_  
 Payee 2: (Strike if N.A.) \$S \_\_\_\_\_ Name 2: \_\_\_\_\_  
 Payee 3: (Strike if N.A.) \$S \_\_\_\_\_ Name 3: \_\_\_\_\_

