

15/5/2010

INS. CASE OWNER:

CC 3/III1801 3947, Kebb

LKK:
IDAC:

Surveyor: Fenneth. DOI: 21/7/18 Date / Time: 21/7/18
Registered in Merimen: 7/8/18

Pre-assign / CCU / FTE



Insured Vehicle No. : 9JW 91178 Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: 21/7/18 Make / Model : _____
Excess Sec II :SS _____ D.O.A : _____ 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

9JW 91178



INSRS: Trans
WSP: Chb.
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time		STAGE	DATE / PIC
	<u>9JW 91178-4</u>	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)	<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"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
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:	\$\$		
Loss of Rental (LOR):	\$\$	(_____ 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 + LO <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$\$		
Medical:	\$\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$\$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$\$		3) Survey fee:
Total:	\$\$	Global Sum \$\$:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>			
Payee 1:	\$\$	Name 1:	
Payee 2: (Strike if N.A.)	\$\$	Name 2:	
Payee 3: (Strike if N.A.)	\$\$	Name 3:	

