

15/5/2010

INS. CASE OWNER:

CC 7/III1801 3958, F1 y63

LKK:  
IDAC:

Surveyor: Kalvin DOI: 11/7/18 Date / Time : 11/7/18  
Registered in Merimen: 1/6/18

Pre-assign / CCU / FTE

SH 8873C



Insured Vehicle No. : \_\_\_\_\_ Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A: 7/7/18 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

SKD 1479E



INSRS:  
WSP:  
Tel : Denier  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
SKD 1479E - X	Non-Reporting ltr (1st):	
SH 8873C - 11/7/18 1801/03/2/18/04/18/18	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> 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: \_\_\_\_\_ Confirm by: \_\_\_\_\_

Repair Cost: \$ ( \_\_\_\_\_ 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: \$

Loss of Rental (LOR): \$ ( \_\_\_\_\_ days)

Loss of Use (LOU): \$ (\$ x days)

Loss of Income (LOI): \$ (\$ x days)

LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]

GIA/LTA Search \$

Medical: \$

Disbursement: \$ (e.g. Tow/ Independent)

Legal Cost \$

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

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: \$ Name 1: \_\_\_\_\_

Payee 2: (Strike if N.A.) \$ Name 2: \_\_\_\_\_

Payee 3: (Strike if N.A.) \$ Name 3: \_\_\_\_\_

