

15/02/08

INS. CASE OWNER:

CC 6 /AIG1801 6226, AEBH

LKK:

IDAC:

Surveyor: Adrian

DOI: 2/2/18

Date / Time: 5/2/18

Registered in Merimen: 5/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SGZ 9306P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 26/2/18

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



INSRS: _____
WSP: SOL
Tel: 1600
Liability: _____
RMKS: _____



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



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



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

| Date/Time | | STAGE | DATE / PIC |
|---|--|---|-------------------------------|
| | <u>GBL 277AA -x</u> | Non-Reporting ltr (1st): | |
| | <u>SGZ 9306P -x</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: _____ Confirm by: _____ | | | |
| Repair Cost: | \$S _____ (_____ 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: | \$S _____ | | |
| Loss of Rental (LOR): | \$S _____ (_____ days) | | |
| Loss of Use (LOU): | \$S _____ (\$ _____ x _____ days) | | |
| Loss of Income (LOI): | \$S _____ (\$ _____ 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] | | |
| GIA/LTA Search | \$S _____ | | |
| Medical: | \$S _____ | 1) Claim status: Normal/Reject/Private Settle | |
| Disbursement: | \$S _____ (e.g. Tow/ Independent) | 2) Report Format: | |
| Legal Cost | \$S _____ | 3) Survey fee: | |
| Total: | \$S _____ Global Sum \$S: | | |
| FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/> | | | |
| Payee 1: | \$S _____ Name 1: _____ | | |
| Payee 2: (Strike if N.A.) | \$S _____ Name 2: _____ | | |
| Payee 3: (Strike if N.A.) | \$S _____ Name 3: _____ | | |

