

15/9/2010

INS. CASE OWNER:

CC 4/LPC1801 7154, 12463

LKK:
IDAC:

Surveyor: Tanfikh. DOI: 26/1/18 Date / Time: 19/1/18
Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SGV 7399E Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :SS D.O.A : 10/1/18 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

XE 471m



INSRS:
WSP: boldwell
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>XE 471m - 4</u>	Non-Reporting ltr (1st):	
<u>SGV 7399E - 4</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: <u> </u> Sent By: <u> </u>	Confirm by:	
FINALIZATION Date/Time: <u> </u> Confirm with: <u> </u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Repair Cost: \$S (days) Reduction: %		
FINAL SETTLEMENT Date/Time: <u> </u> Confirm with <u> </u>	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 + LO <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: <u> </u> Confirm with: <u> </u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: \$S Name 1: <u> </u>		
Payee 2: (Strike if N.A.) \$S Name 2: <u> </u>		
Payee 3: (Strike if N.A.) \$S Name 3: <u> </u>		

