

15/5/2010

INS. CASE OWNER:

KC | CCY ^{AGM.} AXA1801 THIS, A Wb

LKK:
IDAC:

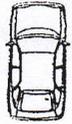
Surveyor: Adrian

DOI: W/A/18

Date / Time : 12/1/18

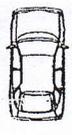
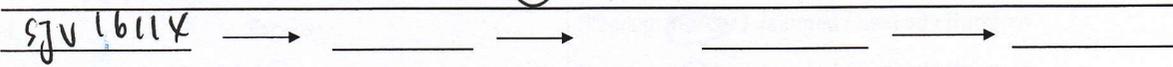
Registered in Merimen: _____

Pre-assign / CCU / FTE

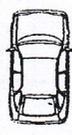


Insured Vehicle No. : SES 480BT
Name of Insured : COOPER BENJAMIN RUSSELL
Insured Tel No. : _____ HP: _____
Excess Sec II :\$\$ _____ D.O.A : W/A/18
Is driver the owner? (YES / NO) : _____ Nature of Accident : _____
If NO, Driver Name / Age : MARIBEE ELIZABETH ANNE
Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : S8MOOWH7 (7/12)5
Policy No. : UABNH7A
Make / Model : MAZDA
Place of Accident : PROCK SOUTH AVE 1 TMS EAST WAST RD.
OI GIA REPORT (YES / NO) : () TP GIA REPORT (YES / NO) : ()
Insured Liability : % Final ? Yes / No



INSRS: _____
WSP: Chew motor
Tel: _____
Liability: _____
RMKS: _____



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



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



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

Date/ Time	STAGE	DATE / PIC
<u>W/A/18</u>	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	<u>0911116-116</u>
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
<u>09/11/18 @ 9:45AM</u>	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: <u>12/1/18</u> Sent By: <u>Vic</u>		
FINALIZATION Date/Time: _____ Confirm with: _____		
Repair Cost: <u>LG</u> \$\$ <u>4,500.00</u> (<u>5</u> days) Reduction: <u>76</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>19/11/18</u> Confirm with: <u>CHW</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia : <u>COD COMP-ENDED TP</u>
Repair Cost: \$\$ <u>4,500.00</u>		
Loss of Rental (LOR): \$\$ _____ (_____ days)		
Loss of Use (LOU): \$\$ <u>200.00</u> x <u>60</u> x <u>6</u> days		
Loss of Income (LOI): \$\$ _____ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search: \$\$ <u>7.45</u>		
Medical: \$\$ _____		1) Claim status: <u>Normal</u> /Reject/Private Settle
Disbursement: \$\$ _____ (e.g. Tow/Independent)		2) Report Format: _____
Legal Cost: \$\$ _____		3) Survey fee: <u>\$350.00</u>
Total: \$\$ <u>4,867.45</u> Global Sum \$\$: <u>4,860.00</u>		
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: \$\$ <u>4,860.00</u> Name 1: <u>CHW MOTOR PRE LOD</u>		
Payee 2: (Strike if N.A.) \$\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) \$\$ _____ Name 3: _____		