

INS. CASE NO. / ER: Jeffrey

CC 3/LOR 180 185 67 (Cava)

LKK: IDAC:

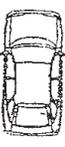
Surveyor: KSL

DOI: 11-20-18

Date / Time: 11-10-18

Pre-assign / CCU / FTE

Registered in Merimen: 11/10/18



Insured Vehicle No.: SLP 15136

Claim No.:

Name of Insured: LOR P/L

Policy No.:

Insured Tel No. HP:

Make / Model:

Excess Sec II :SS D.O.A: 9-10-18

Place of Accident:

Is driver the owner? (YES / NO) Nature of Accident:

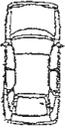
If NO, Driver Name / Age:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

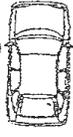
Driver Tel No.: (V/L: NO)

Insured Liability: % Final ? Yes / No

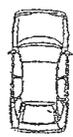
SHD 4986



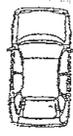
INSRS: WSP: Tel: Liability: RMKS: (Handwritten notes)



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Date/Time	STAGE	DATE / PIC
19/10	Non-Reporting ltr (1st):	
23/10/18	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: Confirm with: Confirm by:

**FINALIZATION** Date/Time: Confirm with: Confirm by:

**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 + LOI  [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: