

INS. CASE OWNER

CC 4, 4/21/80 18963, N 2/3

Surveyor:

Nur

DOI:

18/10/18

Date / Time:

12/10/18

Registered in Meritmen:

12/10/18 18/10/18 18/10/18 18/10/18

Pre-assign / CCU / RTE

Insured Vehicle No.:

878 52942

Name of Insured:

Insured Tel No.:

Excess Sec II : \$:

If NO, Driver Name / Age:

Driver Tel No.:

INSRS: WSP: Tel: Liability: RMKS:
 world
 Nur



(V/L: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO
Insured Liability: % Final ? Yes / No

Is driver the owner? (YES / NO)

Nature of Accident:

D.O.A: 16-10-18

Place of Accident:

HP:

Make / Model:

Policy No.:

Claim No.:

Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II : \$:

If NO, Driver Name / Age:

Driver Tel No.:

INSRS: WSP: Tel: Liability: RMKS:
 world
 Nur



INSRS: WSP: Tel: Liability: RMKS:

Date / Time

STAGE	DATE / PIC
Non-Reporting Itr (1st):	
Non-Reporting Itr (2nd):	
Non-Reporting Itr (Final):	
Notification Itr (if non-pickup):	
Call OI:	
After call Itr to OI:	
Documentation Check List: Handler Typist	
Notification Itr (if non-pickup):	
After call Itr to OI:	
Release Voucher:	
Final Repair Bill:	
Car Rental Invoice:	
Towing Invoice:	
LTA / GIA:	
Medical Bill:	
PIR:	
Mandate/Reject Instruction:	
LOD:	
Payment Breakdown Form:	
Post-Repair Photos:	
Others:	
Confirm by:	
Repair Cost:	\$
Reduction:	(days) %
Confirm with:	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	<input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	\$
Medical:	\$
Disbursement:	\$
Legal Cost	\$
Total:	\$
Global Summ \$:	
Confirm with:	Confirm with: Email Call
Payee 1:	\$ Name 1:
Payee 2: (Strike if N.A.)	\$ Name 2:
Payee 3: (Strike if N.A.)	\$ Name 3:

FINALIZATION

PRELIMINARY ADVICE

FINAL SETTLEMENT

FINAL PAYMENT

