

INS. CASE OWNER:

CC 4, FWD 180 19493, Area 3

LKK:
IDAC:

Surveyor: CWP. DOI: ASSIGNMENT 12.10.18 Date / Time: 22.10.18

Pre-assign / CCU / FTE: FBD 661 Y Registered in Merimen: 16.10.18

Insured Vehicle No., Name of Insured, Insured Tel No., Excess Sec II :SS, Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age: Driver Tel No.: (VL: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability: % Final ? Yes / No

SKR 3268 A

INSRS: WSP: Tel: Liability: RMKS: (A Antomades)

Table with columns: Date/Time, STAGE, DATE / PIC. Rows include Non-Reporting ltr (1st), (2nd), (Final), Notification ltr, Call OI, After call ltr to OI, Documentation Check List, etc.

PRELIMINARY ADVICE Date/Time: Sent By: Confirm by:

FINALIZATION Date/Time: Confirm with: Confirm by: Email Call

FINAL SETTLEMENT Date/Time: Confirm with: Email Call

Final Liability: % (Agreed / Assessed) BOLA S/N No.: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only LOR + LOU LOR + LOI [Tick only one] GIA/LTA Search: Medical: Disbursement: Legal Cost: Total: Global Sum S\$: 1) Claim status: Normal/Reject/Private Settle 2) Report Format: 3) Survey fee:

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:

