

15/5/2010

INS. CASE OWNER:

CC 4/AIG1802

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II : \$\$

Is driver the owner?

If NO, Driver Name / Age :

Driver Tel No. :

HP:

D.O.A :

Nature of Accident :

(V/L: YES / NO)

Claim No. :

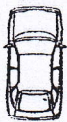
Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

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

Date/ Time		STAGE	DATE / PIC
24/4/19	SHC 70424	Non-Reporting ltr (1st):	
24/4/19	SHC 70424	Non-Reporting ltr (2nd):	
24/4/19	SHC 70424	Non-Reporting ltr (Final):	
24/4/19	SHC 70424	Notification ltr (if non-pickup):	
24/4/19	SHC 70424	Call OI:	
24/4/19	SHC 70424	After call ltr to OI:	
24/4/19	SHC 70424	Documentation Check List: Handler	Typist
24/4/19	SHC 70424	Notification ltr (if non-pickup)	
24/4/19	SHC 70424	After call ltr to OI:	
24/4/19	SHC 70424	Authorisation To Act:	
24/4/19	SHC 70424	Release Voucher:	
24/4/19	SHC 70424	Final Repair Bill:	
24/4/19	SHC 70424	Car Rental Invoice:	
24/4/19	SHC 70424	Towing Invoice	
24/4/19	SHC 70424	LTA / GIA :	
24/4/19	SHC 70424	Medical Bill:	
24/4/19	SHC 70424	PIR:	
24/4/19	SHC 70424	Mandate/Reject Instruction:	
24/4/19	SHC 70424	LOD	
24/4/19	SHC 70424	Payment Breakdown Form:	
24/4/19	SHC 70424	Post-Repair Photos:	
24/4/19	SHC 70424	Others:	

PRELIMINARY ADVICE Date/Time:

Sent By:

Approved by:

Date: 28/01/20

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$\$	(days) Reduction:	%
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	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 + LO ☐		[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:	