

15/5/2010

INS. CASE OWNER:

CC 4/III1900

0608, 11463

LKK:

IDAC:

Surveyor:

marcus

DOI:

10/1/19

Date / Time :

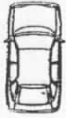
10/1/19

Registered in Merimen:

10/1/19

Pre-assign / CCU / FTE

SH 8721H



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

8/1/19

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SLC 5049U



INSRS:

WSP:

Tel :

Liability :

RMKS:

Zoom
Antenworks

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	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)	☐ ☐
	After call ltr to OI:	☐ ☐
	Authorisation To Act:	☐ ☐
	Release Voucher:	☐ ☐
	Final Repair Bill:	☐ ☐
	Car Rental Invoice:	☐ ☐
	Towing Invoice	☐ ☐
	LTA / GIA :	☐ ☐
	Medical Bill:	☐ ☐
	PIR:	☐ ☐
	Mandate/Reject Instruction:	☐ ☐
	LOD	☐ ☐
	Payment Breakdown Form:	☐ ☐

PRELIMINARY ADVICE	Date/Time:	Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$	(days) Reduction:	%

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
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Repair Cost:	\$		
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Loss of Rental (LOR):	\$	(days)	
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Loss of Use (LOU):	\$	(S x days)	
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Loss of Income (LOI):	\$	(S x days)	
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
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GIA/LTA Search	\$		
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Medical:	\$		
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Disbursement:	\$	(e.g. Tow/ Independent)	
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Legal Cost	\$		
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Total:	\$	Global Sum \$:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	\$	Name 1:	
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Payee 2: (Strike if N.A.)	\$	Name 2:	
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Payee 3: (Strike if N.A.)	\$	Name 3:	
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