

15/5/2010

INS. CASE OWNER:

CC 4 / III 1900

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?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

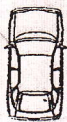
Place of Accident:

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
16/1/19	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:	
	Post-Repair Photos:	
	Others:	
16/1/19	FILE FORWARDED. OLD REAR-ENDED TP. BOOK LIABILITY MANDATE TO III.	
22/01/19	TP VIDEO IN. V DRIVE / VIC/ENGLISH.	
23/01/19	FORWARDED TO III BY EMAIL	
16/05/19	III APPROVED DIS.	
	EMAIL LIABILITY CLERK	
	ORIGINAL TP LOB IN	
22/05/19	TYPE REPORT FOR MANDATE APPROVAL	
23/05/19	REPORT DONE	
	SEND MANDATE APPROVAL	
	III APPROVED MANDATE	
	SEND ACCEPTANCE EMAIL TO TP.	
30/05/19	ALL BOOK IN ORDER. TO CLOSE	
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	\$S 7,597.72 (7 days) Reduction: 25 %	Confirm by:
FINAL SETTLEMENT	Date/Time: 23/05/19	Confirm with: DECHOND
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	Email ☒ Call ☐
Repair Cost: (w/LOD)	\$S 8,129.56	If NO or B 28, Ass. Lia : OLD REAR-ENDED TP
Loss of Rental (LOR):	\$S () days	
Loss of Use (LOU):	\$S 120.00 x 7 days	
Loss of Income (LOI):	\$S (\$) x days	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	\$S -	
Medical:	\$S -	
Disbursement:	\$S - (e.g. Tow/ Independent)	
Legal Cost	\$S -	
Total:	\$S 8,549.56	Global Sum \$S: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 8,549.56	Name 1: KAH MOTOR CO SDN BHD
Payee 2: (Strike if N.A.)	\$S -	Name 2: -
Payee 3: (Strike if N.A.)	\$S -	Name 3: -