

13/5/2010

INS. CASE OWNER:

CC 4, QBE 1900 1023, Giga 312

LKK:

IDAC:

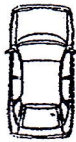
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

If NO, Driver Name / Age :

Driver Tel No.:

Nature of Accident :

(V/L: YES / NO)

Claim No.:

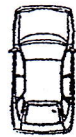
Policy No.:

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:



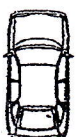
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time

STAGE

DATE / PIC

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:

PRELIMINARY ADVICE

Date/Time:

22/10/19

Sent By:

a3

FINALIZATION

Date/Time:

13/5/19

/ 11:30am

Confirm with:

Vronica

Confirm by:

Guo Orange.

Repair Cost:

L16

SS \$4800.00

(6 days)

Reduction:

\$3917.14

% 49

Email

Call

FINAL SETTLEMENT

Date/Time:

09/11/19

Confirm with

Vronica

Email

Call

Final Liability:

% 100

(Agreed / Assessed)

BOLA S/N No.:

22

If NO or B 28, Ass. Lia:

Repair Cost:

(W/EST)

SS \$4280.00

on hit on stationary TP veh.

Loss of Rental (LOR):

SS -

(days)

Loss of Use (LOU):

SS \$420.00

\$60 x 7 days

60 x 7 = \$420

Loss of Income (LOI):

SS -

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS -

Medical:

SS -

Disbursement:

SS -

(e.g. Tow/ Independent)

Legal Cost

SS -

(4700)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

Total:

SS \$4,700.00

Global Sum SS:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS \$4,700.00

Name 1:

CITY AUTO FTE LTD

Payee 2: (Strike if N.A.)

SS -

Name 2:

Payee 3: (Strike if N.A.)

SS -

Name 3: