

15/5/2010

INS. CASE OWNER:

CC 3/AIG1900 *North, John*

LKK:
IDAC:

Surveyor: *MD* DOI: *2/1/10* Date / Time: *9/1/10*
Registered in Merimen: *(n/v/a)*

Pre-assign / CCU / FTE



Insured Vehicle No. : *SUR 7754A* Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : *2/1/10* Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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

SUR 7754A → *SMB 50572* → *SP 5246* → _____



INSRS:
WSP:
Tel :
Liability :
RMKS: *01*



INSRS:
WSP: *SMKT*
Tel :
Liability :
RMKS: *TP*



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<i>SMB 50572 - X</i>	Non-Reporting ltr (1st):	
<i>SUR 7754A - Y</i>	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos:
Others:

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

FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email Call
Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____
Repair Cost: \$S
Loss of Rental (LOR): \$S (_____ days)
Loss of Use (LOU): \$S (\$ x _____ 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
1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:

Total: \$S **Global Sum \$S:**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$S Name 1: _____
Payee 2: (Strike if N.A.) \$S Name 2: _____
Payee 3: (Strike if N.A.) \$S Name 3: _____

