

15/5/2010

INS. CASE OWNER:

CC 3/1111900 3708, Kjob

LKK:  
IDAC:

Surveyor: Finaethu

DOI: W/2/19

Date / Time: 20/1/19

Registered in Merimen: W/2/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3094Z

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$\$ D.O.A : 16/2/19

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

SHC 3094Z



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Trans  
Car



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>20/1/19 - 4</u>	Non-Reporting ltr (1st):	
<u>20/1/19 - 4</u>	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> 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: \_\_\_\_\_ Confirm by: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: \$\$( ) 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: \$\$( ) days  
 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 \$\$( )  
 1) Claim status: Normal/Reject/Private Settle  
 2) Report Format:  
 3) Survey fee:

**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: \_\_\_\_\_

