

15/5/2010

INS. CASE OWNER:

CC QB1900

LKK:
IDAC:

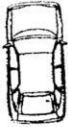
Surveyor:

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?

If NO, Driver Name / Age :

Driver Tel No. :

(YES / NO)

Nature of Accident :

(VL: YES / NO)

Claim No. :

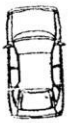
Policy No. :

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:



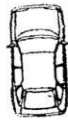
INSRS:

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:

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:

Sent By: vic

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Email ☐ Call ☐

Repair Cost:

SS

8,000.00

10 days

Reduction:

60 %

Email ☒ Call ☐

FINAL SETTLEMENT

Date/Time:

15/4/2020

Confirm with

JASON

If NO or B 28, Ass. Lia :

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

COLD RAMP - ENDED TP

Repair Cost:

SS

8,500.00

() days

Loss of Rental (LOR):

SS

660.00

(S 60 x 11 days)

Loss of Use (LOU):

SS

—

(S x days)

Loss of Income (LOI):

SS

—

(S x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

SS

2.00

Medical:

SS

—

(e.g. Tow/ Independent)

Disbursement:

SS

—

Legal Cost

SS

—

Total:

SS

9,222.00

Global Sum SS:

9,220.00

Email ☐ Call ☐

FINAL PAYMENT

Date/Time:

9,220.00

Confirm with:

FASTOCH

AUTO

PIS

USD

Payee 1:

SS

—

Name 1:

—

Payee 2: (Strike if N.A.)

SS

—

Name 2:

—

Payee 3: (Strike if N.A.)

SS

—

Name 3:

—

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

TP