

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1900 7058, U h b3

LKK:
IDAC:

Surveyor: MARRELS

DOI: 22/4/19

Date / Time: 22/4/19

Registered in Merimen: Mtken

Pre-assign / CCU / FTE



Insured Vehicle No. : CLS 1203H
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II : \$S _____ D.O.A : 15/4/19
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
Policy No. : _____
Make / Model : _____
Place 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

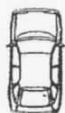
GRB 1043H



INSRS: _____
WSP: WIS
Tel : _____
Liability : PRO
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/Time	STAGE	DATE / PIC
<u>GRB1043H - x</u>	Non-Reporting ltr (1st):	
<u>CLS1203H - y</u>	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: _____ Confirm by: _____

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: _____

