

INS. CASE OWNER:

CC 4/AIG1900 82/11

LKK:
IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.

Insured Tel No.

HP:

Excess Sec II :S\$

D.O.A :

Is driver the owner?

Nature of Accident :

If NO, Driver Name / Age : SIM KIE CHER.

Driver Tel No. :

(V/L: YES / NO)

Claim No.

Policy No.

Make / Model :

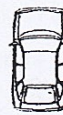
Place of Accident :

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability :

Final ? Yes / No

FE 6565A



Date/ Time	STAGE		Date/ PIC
6/7/2020	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:	Sent By:		
FINALIZATION			
Date/Time:	Confirm with:		Confirm by:
Repair Cost: \$5000	SS 3700-W (5. days) Reduction: 33. %		Email ☐ Call ☐
FINAL SETTLEMENT			
Date/Time:	Confirm with		Email ☐ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28. Ass. Lia :
Repair Cost:	SS		(CONFLICTING VERSIONS)
Loss of Rental (LOR):	SS	(days)	
Loss of Use (LOU):	SS	(\$ x days)	
Loss of Income (LOI):	SS	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	SS		
Medical:	SS		1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	SS		3) Survey fee: \$200-W
Total:	SS	Global Sum \$\$:	
FINAL PAYMENT			
Date/Time:	Confirm with:		Email ☐ Call ☐
Payee 1:	SS	Name 1:	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	