

15/5/2010

INS. CASE OWNER:

CC4 / III1900 822/6, J e63

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 : \$

Is driver the owner?

( YES / NO )

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

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

Insured Liability :

%

Final ? Yes / No

SK 15947



INSRS:

WSP:

Tel :

Liability :

RMKS:

world



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SK 15947	Non-Reporting ltr (1st):	
	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>	
	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"/>	
Post-Repair Photos:	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	
<b>PRELIMINARY ADVICE</b> Date/Time: Sent By:		
<b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:		
Repair Cost: \$	( days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost: \$		
Loss of Rental (LOR): \$	( days)	
Loss of Use (LOU): \$	( \$ x days)	
Loss of Income (LOI): \$	( \$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$	
Medical:	\$	
Disbursement:	\$	(e.g. Tow/ Independent )
Legal Cost	\$	
Total: \$	Global Sum \$:	
<b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	\$	Name 1:
Payee 2: (Strike if N.A.)	\$	Name 2:
Payee 3: (Strike if N.A.)	\$	Name 3:

