

15/5/2010

INS. CASE OWNER:

CC 4/AIG1900 9546 Feb 2010

LKK:  
IDAC:

Surveyor: STEVE DOI: 21/01/10 Date / Time: 21/01/10  
Registered in Merimen: Algeria

Pre-assign / CCU / FTE



Insured Vehicle No. : SMK 9167G Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : \$\$ D.O.A : 26/01/10 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

SLJ 3113T → → → → →  
INSRS: TEHWORKE INSRS: \_\_\_\_\_ INSRS: \_\_\_\_\_ INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_ WSP: \_\_\_\_\_ WSP: \_\_\_\_\_ WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_ Tel : \_\_\_\_\_ Tel : \_\_\_\_\_ Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_ Liability : \_\_\_\_\_ Liability : \_\_\_\_\_ Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_ RMKS: \_\_\_\_\_ RMKS: \_\_\_\_\_ RMKS: \_\_\_\_\_

Date/Time	STAGE	DATE / PIC
<u>SLJ 3113T - 1</u>	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>	<b>Handler</b> <b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent 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: \$\$  
Loss of Rental (LOR): \$\$ ( \_\_\_\_\_ 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 \$\$  
Medical: \$\$ 1) Claim status: Normal/Reject/Private Settle  
Disbursement: \$\$ (e.g. Tow/ Independent ) 2) Report Format: \_\_\_\_\_  
Legal Cost \$\$ 3) Survey fee: \_\_\_\_\_

Total: \$\$ Global Sum \$\$: \_\_\_\_\_ Email  Call

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: \_\_\_\_\_

