

INS. CASE OWNER

CC 48111901 1A17 9/13

Survivor

DOB

ASSIGNMENT

Date / Time

5/1/19

Pre-assign / CCT / FTE

Registered in Malaysia

Station



Insured Vehicle No.

SH10 76535

Claim No.

Name of Insured

LTPU

Policy No.

Insured Tel No.

HP

Make / Model

Excess Sec II : SS

D.O.A

7/3/19

Place of Accident

Is driver the owner?

(YES / NO)

Nature of Accident

If NO, Driver Name / Age

COH BY KHAF

OGIA REPORT: YES / NO TP GIA REPORT: YES / NO

Driver Tel No.

(V/L: YES / NO)

Insured Liability

%

Final ? Yes / No

5825710



INSRS WSP Tel: Liability: RMKS:

terminated



INSRS WSP Tel: Liability: RMKS:



INSRS WSP Tel: Liability: RMKS:



INSRS WSP Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
16/9/19	Non-Reporting Ir (1st)	
	Non-Reporting Ir (2nd)	
	Non-Reporting Ir (Final)	
	Notification Ir (if non-pickup)	
	Call Of	
	After call Ir to Of	
	Documentation Check List: Handler Typist	
	Notification Ir (if non-pickup)	
	After call Ir to Of	
	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:	
18/09/2020	10 DAYS NOTICE EMAIL TP	
23/10/2020	NO FURTHER DEVELOPMENT/RESPONSE. CANCEL CASE. NO SURVEY DONE, MR YEW TO SIGN	

PRELIMINARY ADVICE Date/Time Sent By:

FINALIZATION Date/Time Confirm with Confirm by:

Repair Cost \$5 (days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time Confirm with Confirm by: Email Call

Final Liability % 100 (/ Assessed) BOLA S/N No.: 15 If NO or B 28, Ass. Lia

Repair Cost \$5

Loss of Rental (LOR) \$5 (days)

Loss of Use (LOU) \$5 (5 days)

Loss of Income (LOI) \$5 (5 days)

LOR only LOU only LOR + LOU LOR (one)

GIA/LTA Search \$5

Medical \$5

Disbursement \$5 (dependent)

Legal Cost \$5

Total: \$5 GI \$5

FINAL PAYMENT Date/Time with: Email Call

Payee 1: \$5 Name 1:

Payee 2: (Strike if N.A.) \$5 Name 2:

Payee 3: (Strike if N.A.) \$5 Name 3:

