

15/5/2010

INS. CASH OWNER:

CC 4 / A1619012101 /

1ca3

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

9/1/19

Registered in Merimen:

9/1/19

Pre-assign / CCU / FTE:



Insured Vehicle No. : SJS 9079 X

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : SS

D.O.A : 30/3/19

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

SLK 3596C



INSRS:

WSP: Esteem Performance

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SLK 3596C : CS/MSG19012060/Klgf3, D.O.A: 5/1/19	Non-Reporting ltr (1st):	
	SJS 9079 X : X	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:		Post-Repair Photos:		Others:	
FINALIZATION Date/Time:		Confirm with:		Confirm by:			
Repair Cost:	SS	() 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:	SS						
Loss of Rental (LOR):	SS	() days					
Loss of Use (LOU):	SS	() x days					
Loss of Income (LOI):	SS	() x days					
LOR only	<input type="checkbox"/>	LOU only	<input type="checkbox"/>	LOR + LOU	<input type="checkbox"/>	LOR + LOI	<input type="checkbox"/>
[Tick only one]							
GIA/LTA Search	SS						
Medical:	SS						
Disbursement:	SS	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle			
Legal Cost	SS			2) Report Format:			
Total:		SS	Global Sum SS:		3) Survey fee:		
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:					

Closed: