

INS. CASE OWNER:

CC 3/AXA1901

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 :

If NO, Driver Name / Age :

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

SHC 5569H



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                               | STAGE                             | DATE / PIC                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------|
|                                                                                                                                          | 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"/>                                 |
|                                                                                                                                          | Post-Repair Photos:               | <input type="checkbox"/> <input type="checkbox"/>                                 |
|                                                                                                                                          | Others:                           | <input type="checkbox"/> <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. :                                                |
| 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                                                                                                                               | \$                                |                                                                                   |
| <b>Total:</b>                                                                                                                            | \$                                | <b>Global Sum \$:</b>                                                             |
| <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:                                                                           |

