

15/5/2010

INS. CASE OWNER:

CC 6/AIG1901 3861, Gdwb.

LKK:  
IDAC:

Surveyor: xGQ DOI: 6/8/14 Date / Time: 6/8/14  
Registered in Merimen: 7/8/14

Pre-assign / CCU / FTE



Insured Vehicle No. : SJN 7862 Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A : nil/14 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

SMK 4457C → → → → →



INSRS: \_\_\_\_\_  
WSP: WTS  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
<u>smk 4457C - x</u>	Non-Reporting ltr (1st):	
<u>sjn 7862 - x</u>	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> Handler Typist	
	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: \_\_\_\_\_ Post-Repair Photos:    
Others:

**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): \$ (\$ x \_\_\_\_\_ days)  
Loss of Income (LOI): \$ (\$ x \_\_\_\_\_ days)  
LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]  
GIA/LTA Search \$  
Medical: \$  
Disbursement: \$ (e.g. Tow/ Independent ) 1) Claim status: Normal/Reject/Private Settle  
Legal Cost \$ 2) Report Format: \_\_\_\_\_  
3) Survey fee: \_\_\_\_\_

**Total:** \$ **Global Sum \$:** \_\_\_\_\_  
**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: \_\_\_\_\_

