

Aba3

15/5/2010

INS. CASE OWNER:

CC 6 / CTI1901 0038 / ~~A112~~

LKK:

IDAC:

Surveyor:

Adrian

DOI:

alalia

Date / Time :

alalia

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 582 9151E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$

D.O.A : 6/11/10

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

582 56117

INSRS:
WSP:
Tel :
Liability :
RMKS:

SM

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
582 56117 - X	Non-Reporting ltr (1st):	
582 9151E - 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)	<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"/>

04/11/2020 SUBMIT WP REPORT TO CTI

PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: (net value) \$ 9,000.00 (11 days) Reduction: 55.83 %		Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time:		Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>	
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 <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:	\$	1) Claim status: <u>Not Settled</u> WP	
Disbursement:	\$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$	3) Survey fee: \$350.00	
Total:	\$	Global Sum \$:	
FINAL PAYMENT 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:	