

INS CASE OWNER

CC 3 / IIII1901 8296, K2963

LKK:  
IDAC:

Surveyor: Kalvin DOI: 10/11/19 Date / Time: 15/10/19  
Registered in Merimen: 10/10/19

Pre-assign / CCU / FTE



Insured Vehicle No. SMC 25657 Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP. : \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : \$\$ D.O.A 14/10/19 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. : \_\_\_\_\_ (VA: YES / NO ) Insured Liability : % Final ? Yes / No

SHB 80739



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:  
premier



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/Time	STAGE	DATE / PIC
	Non-Reporting Itr (1st)	
	Non-Reporting Itr (2nd)	
	Non-Reporting Itr (Final)	
	Notification Itr (if non-pickup)	
	Call OI:	
	After call Itr to OI:	
	Documentation Check List: Handler Typist	
15/09/2020	Notification Itr (if non-pickup)	<input type="checkbox"/>
	After call Itr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA:	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

TP CHARGED FOR INCONSIDERATE DRIVING.  
REJECTION EMAIL TO TP, MR YEW TO CHOP  
& SIGN.

Reject Case  
by (staff): CECICH  
Approved by: Vn  
Date: 16-09-20

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Confirm by:
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L/S \$950.00	( 3 days) Reduction: 1520.80 % 61	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:	% 0	(Agreed / Assessed) BOLA S/N No.:	If NO or B 23, 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: Normal/Reject/Private Settle
Disbursement:	\$ (e.g. Tow/ Independent)		2) Report Format: REJECT
Legal Cost:	\$		3) Survey fee: \$250.00
<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:	