

INS. CASE OWNER:

CC4 / AIG1902 0041, B h3

LKK:
IDAC:

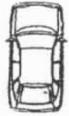
Surveyor: Mr Um DOI: 12/11/09 Date / Time: 12/11/09
Registered in Merimen: 12/11/09

Pre-assign / CCU / FTE



Insured Vehicle No. : SKT 1272P Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$ \$ D.O.A : 10/11/09 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

sjx 8901c



INSRS: Team Antipro
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



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



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



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

Date/Time	STAGE	DATE / PIC
<u>sjx 8901c</u>		
<u>SKT 1272P-1</u>		
	Non-Reporting ltr (1st):	
	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"/>
	After call ltr 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"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	\$ \$ (_____ days) Reduction: _____ %	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: Normal/Reject/Private Settle
Disbursement:	\$ \$ (e.g. Tow/ Independent)	2) Report Format: _____
Legal Cost	\$ \$	3) Survey fee: _____
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: _____	

