

INS. CASE OWNER:

CC6 / FC1190 22095, Q 63

LKK:

IDAC:

Surveyor: Sun Pin. DOI: 17/11/09 Date / Time: 12/11/09 Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHH 2968U. Claim No. : Name of Insured : Policy No. : Insured Tel No. : HP: Make / Model : Excess Sec II :\$\$ D.O.A : 1/11/09 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

TBG 2921



INSRS: WSP: Chn mang. Tel: Liability: RMKS:



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Table with columns: Date/Time, STAGE, DATE / PIC. Rows include: 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), After call ltr to OI, Authorisation To Act, Release Voucher, Final Repair Bill, Car Rental Invoice, Towing Invoice, LTA / GIA, Medical Bill, PIR, Mandate/Reject Instruction, LOD, Payment Breakdown Form.

PRELIMINARY ADVICE Date/Time: Sent By: Confirm by:

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 + LOI [Tick only one] GIA/LTA Search: \$\$ Medical: \$\$ Disbursement: \$\$ (e.g. Tow/ Independent) 1) Claim status: Normal/Reject/Private Settle 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:

