

INS. CASE OWNER:

CC4/III20001779/Ups3

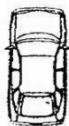
LKK:

IDAC:

Surveyor: **Marcus**DOI: **06/02/2020**Date / Time : **03/02/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHD 4831B**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : **27/01/2020**

Place of Accident : _____

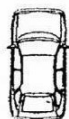
Is driver the owner? (YES / NO) Nature of Accident : _____

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 3965B**

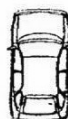
INSRS:

WSP:

Tel :

Liability :

RMKS:



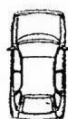
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

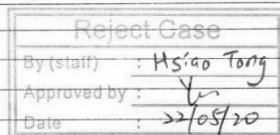
Liability :

RMKS:

| Date/ Time | STAGE | DATE / PIC |
|---|-----------------------------------|--|
| | 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"/> <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"/> |
| PRELIMINARY ADVICE Date/Time: | Sent By: | |
| FINALIZATION Date/Time: | Confirm with: | Confirm by: |
| Repair Cost: L/sum \$S 4,000.00 (5 days) Reduction: 66 % | | 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: \$S | | |
| Loss of Rental (LOR): \$S (days) | | |
| Loss of Use (LOU): \$S (\$ x days) | | |
| Loss of Income (LOI): \$S (\$ x days) | | |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search \$S | | |
| Medical: \$S | | |
| Disbursement: \$S (e.g. Tow/ Independent) | | |
| Legal Cost \$S | | |
| Total: \$S | Global Sum \$S: | |
| FINAL PAYMENT Date/Time: | Confirm with: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: \$S | Name 1: | |
| Payee 2: (Strike if N.A.) \$S | Name 2: | |
| Payee 3: (Strike if N.A.) \$S | Name 3: | |

Pls refer to Views for details.

*Reject Case

1) Claim status: ~~Normal/Reject/Private Settlement~~2) Report Format: **TP**3) Survey fee: **\$350.00**