

CC # 11120003924 11/23/20
 LKK: _____
 IDAC: _____

Surveyor: MARCUS DOI: 12/3/20 Date / Time: _____
 Registered in Merimen: 12/03/2020

Pre-assign / CCU/FTE:

Insured Vehicle No. : SKM 9651M Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II : \$5 D.O.A. : 10/05/2019 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. : _____ (VL: YES / NO) Insured Liability : _____ % Final ? Yes / No

GP 9860H

INSRS: WSP: Choo Motor Spray INSRS: WSP: _____
 Tel: Painter Tel: _____
 Liability: _____ Liability: _____
 RMKS: _____ RMKS: _____

Date/Time	STAGE	DATE / PIC
	GP 9860H - NA/TM19008920/h4 ; 10/05/2019	
	- NA/TM118017322/h4 ; 22/09/2018	
	- (3/TM1670019169/h4) 3rd ; 31/01/2017	
	- CC4/TM1671082365/h4 1st ; 2/10/11/17	
	SKM 9651M - NA/TM19008920/h4 ; 10/05/2019	
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	
	After call ltr to OI:	
21/08/2020	REJECTION TO TP (OI SUCCESSFULLY MADE A COUNTER CLAIM)	
	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:	
	Post-Repair Photos:	
	Others:	

Reject Case
 By (staff) : _____
 Approved by : _____
 Date : 08-6-20

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: L/S \$5 1300.00 (2 days) Reduction: 5410.20 % 81 Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email Call
 Final Liability: % 0 (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____

Repair Cost: \$5
 Loss of Rental (LOR): \$5 (_____ days)
 Loss of Use (LOU): \$5 (\$ _____ x _____ days)
 Loss of Income (LOI): \$5 (\$ _____ x _____ days)
 LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search: \$5
 Medical: \$5
 Disbursement: \$5 (e.g. Tow/Independent)
 Legal Cost: \$5
 Total: \$5 Global Sum \$5:
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: REJECT
 3) Survey fee: \$250.00

FTNA! PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$5 Name 1: _____
 Payee 2: (Strike if N.A.) \$5 Name 2: _____
 Payee 3: (Strike if N.A.) \$5 Name 3: _____