

INS. CASE OWNER:

CC6/III21008127/Ura3

LKK:

IDAC:

Surveyor:

MARCUS

DOI: 02/08/2021

Date / Time : 02/08/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 5900P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 23/06/2021

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

JNB 5121

INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	JNB 5121 - X	PC 5900P - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
13.10.2021	PLEASE REFER TO VIEW FOR MORE DETAILS		Call OI:	
	*SUBMIT REJECT AS PER III INSTRUCTIONS		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 6,000.00 (6 days) Reduction: 65 % 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		1) Claim status: Normal/Reject Private Book	
Disbursement:	\$S	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S		3) Survey fee: 450.00	
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:		

Reject Case

By (staff) : Jastin
Approved by : tw
Date : 14/10/21