

86809995, Perak  
**CC4/ASM19001898/Rpa3**

INS CASE OWNER: KC | CC / AXA1900 1898 | LKK: W | IDAC: Salina

Surveyor: **RASUL** | DOI: **20/08/2021** | Date / Time: \_\_\_\_\_  
 Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE: SLA 1874R  
 Insured Vehicle No.: SLA 1874R | Claim No.: SAWIKAY / 9610  
 Name of Insured: SHAH ALAM | Policy No.: GA09428  
 Insured Tel No.: \_\_\_\_\_ | HP: \_\_\_\_\_ | Make / Model: TOYOTA  
 Excess Sec II :SS \_\_\_\_\_ | D.O.A: 14/1/14 | Place of Accident: HIL ST.  
 Is driver the owner? (YES / NO) \_\_\_\_\_ | Nature of Accident: \_\_\_\_\_  
 If NO, Driver Name / Age: MST RUMA AKTER | OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO  
 Driver Tel No.: \_\_\_\_\_ | (VL: YES / NO) \_\_\_\_\_ | Insured Liability: % \_\_\_\_\_ | Final ? Yes / No \_\_\_\_\_

INSRS: WSP: 64670956 | INSR: \_\_\_\_\_ | INSR: \_\_\_\_\_ | INSR: \_\_\_\_\_  
 WSP: Chuan | WSP: \_\_\_\_\_ | WSP: \_\_\_\_\_ | WSP: \_\_\_\_\_  
 Tel: Alia | Tel: \_\_\_\_\_ | Tel: \_\_\_\_\_ | Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_ | Liability: \_\_\_\_\_ | Liability: \_\_\_\_\_ | Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_ | RMKS: \_\_\_\_\_ | RMKS: \_\_\_\_\_ | RMKS: \_\_\_\_\_

| Date/Time       | STAGE                             | DATE / PIC  |
|-----------------|-----------------------------------|---|
| <u>P2955T-X</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"/> <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"/> |

Shah Alam  
 (Aiz-Malay)  
 13/1/2020 Spike to hrs. they cant find any record  
 13/2/20 to cancel case. no survey done.

|   |  |   |  |
|---|--|---|--|
| <b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____                                 |  | Confirm with: _____ Confirm by: _____                                   |  |
| <b>FINALIZATION</b>   | Date/Time: <u>662.50</u> ( <u>2</u> days) Reduction: <u>56</u> %                     | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |  |
| Repair Cost: <u>P/P</u>   | SS <u>662.50</u>   | If NO or B 28, Ass. Lia: _____  |  |
| <b>FINAL SETTLEMENT</b> Date/Time: <u>05/08/2022</u> Confirm with: <u>Shagila Charles</u> |  | Email <input type="checkbox"/> Call <input type="checkbox"/>            |  |
| Final Liability:  | % <u>50</u> (Agreed / Assessed) BOLA S/N No.: <u>NIL</u>                             |   |  |
| Repair Cost: <u>708.88</u>  | SS <u>354.44</u> ( <u>w/GST</u> )  |   |  |
| Loss of Rental (LOR):   | SS _____ ( _____ days)   |   |  |
| Loss of Use (LOU): <u>200</u>   | SS <u>100.00</u> ( <u>100</u> x <u>2</u> days)                                       |   |  |
| Loss of Income (LOI):   | SS _____ ( _____ x _____ days)   |   |  |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>            | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |   |  |
| GIA/LTA Search  | SS <u>7.45</u>   | 1) Claim status: Normal / <u>TP</u> / Resolute Settle                   |  |
| Medical:  | SS _____ (e.g. Tow/Independent)  | 2) Report Format: <u>TP</u>   |  |
| Disbursement:   | SS _____   | 3) Survey fee: <u>\$350.00</u>  |  |
| Legal Cost  | SS _____   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |  |
| <b>Total:</b>   | SS <u>461.89</u> <b>Global Sum SS:</b> _____   | Confirm with: _____   |  |
| <b>FINAL PAYMENT</b> Date/Time: _____   |  | Name 1: <u>Crown Asia Bus Builder Pte Ltd</u>                           |  |
| Payee 1:  | SS <u>461.89</u>   | Name 2: _____   |  |
| Payee 2: (Strike if N.A.)   | SS _____   | Name 3: _____   |  |
| Payee 3: (Strike if N.A.)   | SS _____   |   |  |