

INS. CASE OWNER: **JIMMY FOO**

**CC4/AIG20000996/Gea3**

LKK:  
IDAC:

Surveyor: **XING GUO QIANG** DOI: **18/02/2020** Date / Time: **15/01/2020**  
Registered in Merimen: **16/01/2020**

**Pre-assign / CCU / FTE**



Insured Vehicle No. : **SMN 7044A** Claim No. : **9923605408SG**  
Name of Insured : **NEW WEST COAST MARITIME PTE LTD** Policy No. : **1900153691**  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : **TOYOTA VIOS-1.5 (A)**  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **04/01/2020** Place of Accident : **WEST COAST HIGHWAY TOWARDS JLN BUROH**  
Is driver the owner? ( YES /  NO ) Nature of Accident : \_\_\_\_\_  
If NO, Driver Name / Age : **LIN WEICHENG** OI GIA REPORT:  YES / NO ; TP GIA REPORT:  YES / NO  
Driver Tel No. : **+65-93696972** (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

**SJL 2330C**



INSRS:  
WSP: **JACK CARS**  
Tel: **ENTERPRISE**  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time	SMN 7044A - X	SJL 2330C - X	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:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			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"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____				
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: <b>XGQ</b>				
Repair Cost:	<b>P/P</b> S\$ <b>4,857.50</b>	( <b>7</b> days) Reduction: <b>52%</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>22.04.21</b> Confirm with: <b>THANA</b>				
Final Liability:	% <b>100</b>	(Agreed / Assessed) BOLA S/N No. : <b>27</b>	If NO or B 28, Ass. Lia :	
Repair Cost:	<b>w/GST</b> S\$ <b>5,197.53</b>	<b>OID REAR ENDED TP</b>		
Loss of Rental (LOR)w/GST	S\$ <b>1,412.40</b>	( <b>11</b> days) x \$120		
Loss of Use (LOU):	S\$ -	(\$ x days)		
Loss of Income (LOI):	S\$ -	(\$ x days)		
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ <b>2.00</b>		1) Claim status: Normal/Reject/Partial Settlement	
Medical:	S\$ -	(e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Disbursement:	S\$ -		3) Survey fee: <b>\$320</b>	
Legal Cost	S\$ -			
<b>Total:</b>	<b>S\$ 6,611.93</b>	<b>Global Sum S\$:</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL PAYMENT</b> Date/Time: <b>22.04.21</b> Confirm with: <b>THANA</b>				
Payee 1:	S\$ <b>6,611.93</b>	Name 1: <b>JACK CARS ENTERPRISE PTE LTD</b>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		