Surveyor  RASUL  DOI: 30/12/2019  Repetered in Mormon  Pre-subjan / CCU / FTE  Browd Vehack No.  SHA 1749S  COMFORT TRANSPORTATION PTE LTD  Policy No.  100-10902550MFSH  HYUDIALI III  ALEAN Make / Model    HYUDIALI III  DOA: 15/12/2019 15.50  Place of tel No.  Invertige No.	»15/5/2010	JASON TEA	CC4/FCI2000	0106/R1	ha3 (/ IDAG	
Pre-assign / CCU/TEE	INS. CASE OWN	NER. UNIOUN TEX			/+·	
Pre-assign / CCU / FTE  Insured Vehicle No. SHA 1749S  Name of Insured Vehicle No. SHA 1749S  Name of Insured I No. Name of Accident I No. Na		D.4.0.1.11			30/12	/2019
Name of hanced   COMPORT TRANSPORTATION PTE LTD	Surveyor:	RASUL	DOI: 30/12/2018			
	60° 10 00.000 00				Registered in Merimen:	
Insured Technology of Branch Services and Process for His Services and Process for His Services for His Serv	Pre-assign / CC	CU/FTE				45011
Name of Ten No.   Page   Property   Page   Property   Page   Property   Pro	Insured Vehicle	No. SHA 1749S		Claim No.	D19007953	MFSH
	Name of Insuran	COMEORT TRANS	PROPERTION PER LED	Dalias No	D-19092580M	FSH
No. Date	H_ H	COMPORT TRANS	SPORTATION FIELD		HYUNDAI 140	
No. Drive Name   Age   WONG YEW KEE   OI GIA REPORT   No. TP GIA	Insured Tel No.	:		Make / Model	ALONG IUPO	NG WEST AVENUE 2
Is direct the consert   YES   (M)   Nature of Accidents	Excess Sec II :S	·s	D.O.A: 15/12/2019 15:50	Place of Acciden	TOWARDS PI	E
Driver Tel No.   +65-97313719   (V/L. YES/NO)   Insured Liability:   Final ? Yes / No	Is driver the own	ner? (YES / NO)	Nature of Accident :			
Driver Tel No.   +65-97313719   (V/L. YES/NO)   Insured Liability:   Final ? Yes / No	If NO, Driver N	lame / Age : WONG YEV		OI GIA REPOR	T: YES / NO ; TP GIA I	REPORT: ES / NO
INSRS   WSP   PREMIUM   INSRS   WSP   WSP   Tel: Liability   Lia						? Yes / No
INSRS WSP PREMIUM Tel: Labelity: RMKS:  Date/Time  SHA1749S - CS/FCI19020531/Ktd3; DOA: 18.11.19 - NS/NC19007559/K1vd3n2; DOA: 26.4.19 - NS/NC19007559/K1vd3n2; DOA: 2	SCT 9141					
WSP PREMIUM Tol. Lability: RMKS:  Date/Time  SHA1749S - CS/FC19020631/Ktd3, DOA: 18.11.19  SHA1749S - CS/FC19020631/Ktd3, DOA: 18.11.19  SHA1749S - CS/FC19020631/Ktd3, DOA: 18.11.19  SSGT8141K-V  Nos-Reporting Itr (1st):	301 0141	<u> </u>				
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SHA1749S - CS/FCI19020631/Ktd3; DOA : 18.11.19  - NS/INC 19007559/K1vd3n2, DOA : 26.4.19  - NS/INC 1900759/K1vd3n2, DOA : 26.4.19  - NS/INC 19007559/K1vd3n2, DOA : 26.4.19  - NS/INC 1900759/K1vd3n2, DOA :		RMKS		KWK5.		
SFRAT/495	Date/ Time	-		44.40	CTACE	DATE/PIC
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SGT8141K-X		- NS/INC	1900/559/K (Va3nz, DOA. 0116012557/M1wb3a2: DC	A :04.07.16		
Call OE						
Mandar/Reject/Inc.   PRELIMINARY ADVICE   Date/Time:   O7- O1- D0- D0- D0- D0- D0- D0- D0- D0- D0- D0		to verter be				
Documentation Check List: Handler   Types   Notification for (if non-pickup)			on water	40 -10		
Notification for (if non-pickup)					Documentation Check List: Handler Typist	
		TTINNCLEED			Notification ltr (if non-pick	sup)
	Horhos	THE REPORT	for whitelear mobile	uke	After call ltr to OI:	
Final Repair Bill:	10/00/1000				Authorisation To Act:	
Car Rental Invoice:		1			Release Voucher:	
Towing Invoice						
The content of the	11 6 2000	pending council Or	•			
Medical Bill:   PIR:     Mandate/Reject Instruction:   LOD   Payment Breakdown Form:   Payment Breakdown Form:   Post-Repair Photos:   Others:   Others:   Others:   Post-Repair Photos:   Others:   Others:   Others:   Post-Repair Photos:   Others:   Others:   Others:   PiNALIZATION   Date/Time: 4,494,00   Confirm with:   Confirm by:   Confirm by:   Confirm by:   Confirm by:   Confirm with   NAVIA   Email   Call   Email   Call   Pinal Liability:   So		' ' ' ' ' '				
PRELIMINARY ADVICE   Date/Time:   O1   O1   O1   O1   O1   O2   O1   O2   O2	26/3020	selled a c	skel.			
Mandate/Reject Instruction:						
PRELIMINARY ADVICE   Date/Time:   O1   O1   O1   O1   O1   O1   O1   O						ion:
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Confirm by:	DDEI IMINADY ADVICE	Date/Time: O2 01 120	Sent By:		Post-Repair Photos:	
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Repair Cost: P  D   SS   Assessed   S   days   Reduction: G77	FINALIZATION	Date/Time: 4 494 00	Confirm with:			
FINAL SETTLEMENT  Date/Time:		SS 5,456-00 ( 5		%	No. of the last of	il Call
Final Liability:		Date/Time: 24 06/2000			_	
Repair Cost:		% 100 (Agreed /	Assessed) BOLA S/N No.:	74	If NO or B 28, Ass. Lia	il - mineto -ne
Loss of Rental (LOR):   S\$   400.00 (\$ \$0 x 5 days)	Repair Cost: ( W qx)	ss 4,808.58			WIN 100	A GOOD II
Loss of Use (LOU): S\$ 400.00 (\$ 80 x \$ days)  Loss of Income (LOI): S\$ - (\$ x days)  LOR only LOU only X LOR + LOU LOR + LOI Tick only one  GIA LTA search S\$ 1.45  Medical: S\$ - (e.g. Tow/ Independent) 2) Report Format: 1P  Disbursement: S\$ (e.g. Tow/ Independent) 3) Survey fee: \$ 500.00  Total: S\$ 5/26.03 Global Sum \$\$:  FINAL PAYMENT Date/Time: Confirm with: Email Call  Payee 1: S\$ 5/26.03 Name 1: PREMIUM AUGNABLE TE LUO.	Loss of Rental (LOR):	S\$ - (				
Loss of Income (LOI):   S\$ - (\$ x days)   LOV only   LOU only   X LOR + LOU   LOR + LOI   [Tick only one]	Loss of Use (LOU):	700 04				
Company   Comp	Loss of Income (LOI):					
1) Claim status: Normal/Reject/Private Settle			DK + LUI [11ck only one			
Medical:   SS	GIALTA Search				1) Claim status: Norma	al/Reject/Private Settle
Disbursement:   SS	Medical:		(e.g. Tow/ Independent	)		79
Cost   SS   S   246 - 03   Global Sum S\$:	Disbursement:		(c.g. 10w/ independent	,		
Payee 1: S\$ 5/216.03 Name 1: PRE MINM AUGNUBILE TIE LID.  Name 2: Name 2: Name 3: Name 4: Name 5: Name 6: Name	Legal Cost	SS 5.216.h2	Global Sum SS:			
Payee 1: S\$ 5/216.03 Name 1: PREMIUM AUGINBILE TTE LTD.  Name 2: Name 2: Name 3: Name 4: Name 5: Name 5: Name 6: Name	Total:				Email Call	
Payee 1: S\$ 3/40* 3 Name 1: 144* 144* 144* 144* 144* 144* 144* 1	FINAL PAYMENT	Data I tille	DOCALLA A	ALTO NA DIE		
ayee 2: (Suike ii N.A.)	Payee 1:			MIMPINE	1,6 55.	
Payee 3: (Strike if N.A.)   S\$   Name 3:	. 4700 21 (15111111111111111111111111111111111	04				
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