

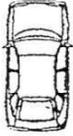
INS. CASE OWNER:

CC3 / III 2000 9940 / Eps3

LKK:
IDAC:

Surveyor: STEVE DOI: 28/09/2020 Date / Time: 16/09/2020
Registered in Merimen: 16/09/2020

Pre-assign / CCU / FTE

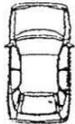


Insured Vehicle No. : SHC 8955G Claim No. : _____
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : 12/09/2020 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____
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

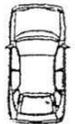
SLV 3486D



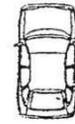
INSRS:
WSP: PERFORMANCE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
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Liability :
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INSRS:
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Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC																																													
	SLV 3486D : X SHC 8955G : CC4/III18018962/Neb3q2 ; DOA : 15/10/2018	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																																													
14/11/2020	Pls refer to Views for details.	<table border="1"> <tr><td>Notification ltr (if non-pickup)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>After call ltr to OI:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Authorisation To Act:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Release Voucher:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Final Repair Bill:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Car Rental Invoice:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Towing Invoice</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>LTA / GLA :</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Medical Bill:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>PIR:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Mandate/Reject Instruction:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>LOD</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Payment Breakdown Form:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Post-Repair Photos:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Others:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	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 / GLA :	<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"/>
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Others:	<input type="checkbox"/>	<input type="checkbox"/>																																													
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____																																															
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____																																															
Repair Cost: P/P S\$ 3,757.30 (3 days) Reduction: 39 % Email <input type="checkbox"/> Call <input type="checkbox"/>																																															
FINAL SETTLEMENT Date/Time: 14/11/2020 Confirm with Caroline Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>																																															
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :																																															
Repair Cost: w/GST S\$ 4,020.31																																															
Loss of Rental (LO) w/GST S\$ 256.80 (2 days) x \$120.00																																															
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\$																																															
Medical: S\$		1) Claim status: Normal/ Private/Police																																													
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP																																													
Legal Cost S\$		3) Survey fee: \$350.00																																													
Total: S\$ 4,277.11 Global Sum S\$:																																															
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>																																															
Payee 1: S\$ 4,277.11 Name 1: Performance Motors Limited																																															
Payee 2: (Strike if N.A.) S\$ Name 2:																																															
Payee 3: (Strike if N.A.) S\$ Name 3:																																															