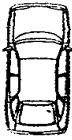


Surveyor: OSPDOI: 07/10/2020Date / Time : 07/10/2020Registered in Merimen: 07/10/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8905B

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

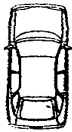
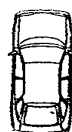
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 05/10/2020

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 / NODriver Tel No. : _____ (V/L: YES / NO)Insured Liability : _____ % **Final ? Yes / No**SHC 4130XINSRS:
WSP: SMRT
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 4130X : NS/INC20010337/Qtf3 ; DOA : 19/09/2020	STAGE DATE / PIC
	SHC 8905B : CC3/AIG14021875/M1ja3s2 ; DOA : 21/11/2014	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) ☐ ☐
		After call ltr to OI: ☐ ☐
		Authorisation To Act: ☐ ☐
		Release Voucher: ☐ ☐
		Final Repair Bill: ☐ ☐
		Car Rental Invoice: ☐ ☐
		Towing Invoice ☐ ☐
		LTA / GIA : ☐ ☐
		Medical Bill: ☐ ☐
		PIR: ☐ ☐
		Mandate/Reject Instruction: ☐ ☐
		LOD ☐ ☐
		Payment Breakdown Form: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: P/P	S\$ 2330.24 (5 days) Reduction: 18,024.64 % 89	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/01/2021 Confirm with <u>LEE GEK</u>	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 2330.24	
Loss of Rental (LOR):	S\$ 814.54 (7.25 days) x \$112.35	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$	
Medical:	S\$	1) Claim status: <u>Normal</u> /Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$600.00
Total:	S\$ 3144.78 Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 3144.78 Name 1: SMRT TAXIS PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	