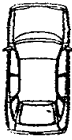


Surveyor: Adrian

DOI: 02/02/2021

Date / Time : 27/01/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 9931L

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ D.O.A : 16/01/2021

Place of Accident : _____

Is driver the owner? (YES / **NO**) Nature of Accident :

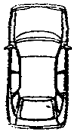
If **NO**, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

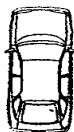
Driver Tel No. : (V/L: **YES** / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Commercial Auto Liability		
8. Watercraft Liability		
9. Aircraft Liability		
10. Other		

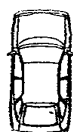
SLH 8303P



INSRS:
WSP: KT MOTORWERK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SLH 8303P : X		STAGE	
	SH 9931L : NS/INC13018408/H1tbd1 ; DOA : 01/10/2013		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:	
			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:	S\$ (days)	Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with		Email ☐ Cal ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost:	S\$			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LC ☐	[Tick only one]		
GIA/LTA Search	S\$			
Medical:	S\$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)			2) Report Format: ☐
Legal Cost	S\$			3) Survey fee: ☐
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Cal ☐
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		