## <u>Min 1</u>

To: Manager (Tracy)
Type of accident: TPD

Type of claim: Workshop

Safety's findings: Interim - FAF

Scenario: BC was having a stomachache. Bus rolled forward and hit stationary

comfort taxi

Evidence: CCTV
Related facts: CO's Assessment:
S\$2756 applicable

## To approve payment:

Payee's Name			
Amount			
Send to			
Payee's Ref	T0414/SHA1576Z/AG(J)		
Remarks			
Mandate			
	S\$2	S\$2756 package settlement	
<u>Breakdown</u>			CERTIFIED FOR PAYMENT
EXCESS	\$	-	
COR	\$	2,396.00	NAME:
LOE	\$	120.00	DESIGNATION:
Rental	\$	240.00	
SF	\$	-	
LTA/GIA	\$	-	APPROVED BY
Misc	\$	-	
P&P	\$	-	NAME:
S&C Disb	\$	_	DESIGNATION:
Total	\$	2,756.00	
Other Instructions			

NOD/NOS to follow up: N

Alice Liow- executive