

ASSIGNMENTSurveyor: STEVEDOI: 24/02/2022Date / Time : 24/02/2022Registered in Merimen: 24/02/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SMX 735HClaim No. : MFL2022D0000908

Name of Insured : _____

Policy No. : D20MFL0005826_01

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : 21/02/2022 20:00

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 / NoSMC 9332MINSRS:
WSP: Accord Auto
Tel : Services Pte Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	<u>SMC 9332M</u>				
	<u>SMX 735H</u>	<u>NBA/EQI22001712/Y ; 21.02.2022</u>			
			STAGE	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: <u>CTY</u>		
Repair Cost:	<u>L/S</u> S\$ <u>5,000.00</u> (<u>4</u> days) Reduction: <u>64</u> %		Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: <u>07.06.22</u> Confirm with <u>CELIA</u>		Email ☐ Call ☐		
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :		
Repair Cost:	<u>w/GST</u> S\$ <u>5,350.00</u>		<u>OID REAR ENDED TP</u>		
Loss of Rental (LOR):	S\$ <u>1,050.00</u> (<u>7</u> days) x \$150				
Loss of Use (LOU):	S\$ <u>-</u> (\$ x days)				
Loss of Income (LOI):	S\$ <u>-</u> (\$ x days)				
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]					
GIA/LTA Search	S\$ <u>7.45</u>				
Medical:	S\$ <u>-</u>		1) Claim status: Normal/ Reject/Partial Settlement		
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>		
Legal Cost	S\$ <u>-</u>		3) Survey fee: <u>\$500</u>		
Total:	S\$ <u>6,407.45</u>	Global Sum S\$: <u>6,400.00</u>			
FINAL PAYMENT	Date/Time: <u>07.06.22</u> Confirm with: <u>CELIA</u>		Email ☐ Call ☐		
Payee 1:	S\$ <u>6,400.00</u>	Name 1:	<u>ACCORD AUTO SERVICES PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			