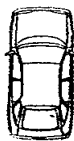


ASSIGNMENTSurveyor: KennethDOI: 21.02.2023Date / Time : 20.02.2023Registered in Merimen: 17.02.2023 BY WKSP**Pre-assign / CCU / FTE**Insured Vehicle No. : SNH 5016PClaim No. : 202332005316Name of Insured : NICOLE TAN KIM ENGPolicy No. : SP2004367750-01

Insured Tel No. : _____ HP: _____

Make / Model : Mazda 3Excess Sec II :\$ _____ D.O.A : 10/02/2023 14:00Place of Accident : 129 Bedok North Street 2, Singapore 460129
CARPARK

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

If NO, Driver Name / Age : _____

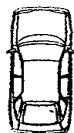
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SKW 1854UINSRS:
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		STAGE	DATE / PIC
	<u>SKW 1854U - X</u>	Non-Reporting ltr (1st):	
	<u>SNH 5016P - CS6/AIS23001643/Uqy3 ; 10.02.2023</u>	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: <u>L/Sum</u>	S\$ <u>2,450.00</u> (<u>5</u> days) Reduction: <u>74</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>12.05.2023</u> Confirm with <u>Celia</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>24</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u>	S\$ <u>2,646.00</u>		
Loss of Rental (LOR):	S\$ <u>500.00</u> (<u>5</u> days) <u>@\$100</u>		
Loss of Use (LOU):	S\$ _____ (\$ x days)		
Loss of Income (LOI):	S\$ _____ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>57.75</u>		
Medical:	S\$ _____	1) Claim status: Normal/ Reject Private Settlement	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$350</u>	
Total:	S\$ <u>3,203.75</u> Global Sum S\$: 3,150.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>3,150.00</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: _____		