

**ASSIGNMENT**

Surveyor: KENNETH

DOI: 21/08/2020

Date / Time : 21/08/2020

Registered in Merimen: —

**Pre-assign / CCU / FTE**

Insured Vehicle No. : YN 477M

Claim No. : 19/20/20/VC00/023559

Name of Insured : METAL ROWELL INDUSTRIAL PTE LTD

Policy No. : Z/19/VC00/104602

Insured Tel No. : HP: —

Make / Model : MITSUBISHI FUSO

Excess Sec II :S\$ D.O.A : 20/08/2020 10:10

Place of Accident : PIE TOWARDS CHANGI

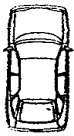
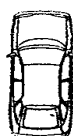
Is driver the owner? ( YES / NO ) Nature of Accident :

If NO, Driver Name / Age : TAN KIM TANG

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

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

Insured Liability : % Final ? Yes / No

**SLT 6619D**INSRS:  
WSP: A T Auto  
Tel : Consultant  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SLT 6619D - X                   | YN 477M - X                           | STAGE                                                                   | DATE / PIC                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|-------------------------------------------------------------------------|------------------------------|
|                                                                                                                                                                      |                                 |                                       | Non-Reporting ltr (1st):                                                |                              |
|                                                                                                                                                                      |                                 |                                       | Non-Reporting ltr (2nd):                                                |                              |
|                                                                                                                                                                      |                                 |                                       | Non-Reporting ltr (Final):                                              |                              |
| 12/07/2021                                                                                                                                                           | Pls refer to VIEWS for details. |                                       | Notification ltr (if non-pickup):                                       |                              |
|                                                                                                                                                                      |                                 |                                       | Call OI:                                                                |                              |
|                                                                                                                                                                      |                                 |                                       | After call ltr to OI:                                                   |                              |
|                                                                                                                                                                      |                                 |                                       | <b>Documentation Check List:</b>                                        | <b>Handler</b> <b>Typist</b> |
|                                                                                                                                                                      |                                 |                                       | Notification ltr (if non-pickup)                                        | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                 |                                       | After call ltr to OI:                                                   | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                 |                                       | Authorisation To Act:                                                   | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                 |                                       | Release Voucher:                                                        | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                 |                                       | Final Repair Bill:                                                      | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                 |                                       | Car Rental Invoice:                                                     | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                 |                                       | Towing Invoice                                                          | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                 |                                       | LTA / GIA :                                                             | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                 |                                       | Medical Bill:                                                           | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                 |                                       | PIR:                                                                    | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                 |                                       | Mandate/Reject Instruction:                                             | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                 |                                       | LOD                                                                     | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                 |                                       | Payment Breakdown Form:                                                 | <input type="checkbox"/>     |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                      | Sent By:                              | Post-Repair Photos:                                                     | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                 |                                       | Others:                                                                 | <input type="checkbox"/>     |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                      | Confirm with:                         | Confirm by:                                                             |                              |
| Repair Cost: L/sum                                                                                                                                                   | S\$ 7,350.00                    | ( 7 days) Reduction: 50 %             | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                              |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: 12/07/2021           | Confirm with Alan                     | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                              |
| Final Liability:                                                                                                                                                     | % 100                           | (Agreed / Assessed) BOLA S/N No. : 27 | If NO or B 28, Ass. Lia :                                               |                              |
| Repair Cost:                                                                                                                                                         | S\$ 7,350.00                    |                                       |                                                                         |                              |
| Loss of Rental (LOR):                                                                                                                                                | S\$ 960.00                      | ( 8 days) x\$120.00                   |                                                                         |                              |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                 |                                       |                                                                         |                              |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                 |                                       |                                                                         |                              |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                 |                                       |                                                                         |                              |
| GIA/LTA Search                                                                                                                                                       | S\$ 7.45                        |                                       |                                                                         |                              |
| Medical:                                                                                                                                                             | S\$                             |                                       | 1) Claim status: Normal/Reject/Private Settle                           |                              |
| Disbursement:                                                                                                                                                        | S\$                             | (e.g. Tow/ Independent )              | 2) Report Format: TP                                                    |                              |
| Legal Cost                                                                                                                                                           | S\$                             |                                       | 3) Survey fee: \$400.00                                                 |                              |
| <b>Total:</b>                                                                                                                                                        | S\$ 8,317.45                    | <b>Global Sum S\$: 8,300.00</b>       |                                                                         |                              |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                      | Confirm with:                         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                              |
| Payee 1:                                                                                                                                                             | S\$ 8,300.00                    | Name 1: AT Auto Consultant            |                                                                         |                              |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                             | Name 2:                               |                                                                         |                              |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                             | Name 3:                               |                                                                         |                              |