

**ASSIGNMENT**Surveyor: Mohd RasulDOI: 24/02/2023Date / Time : 17.02.2023

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : SLC 3267U

Claim No. : \_\_\_\_\_

Name of Insured : TAN YEW HWEE

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 14/02/2023 19:05Place of Accident : ALONG SIMEI AVENUE TOWARDS TAMPINES DIRECTION

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****SMN 7728K**INSRS:  
WSP: KOMOCO MOTORS  
Tel : PTE LTD  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SMN 7728K - X                                               | SLC 3267U - X                                                           | 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:                                                   |                                                   |
|                                                                                                                                                                      |                                                             |                                                                         | <b>Documentation Check List:</b>                                        | <b>Handler</b> <b>Typist</b>                      |
|                                                                                                                                                                      |                                                             |                                                                         | Notification ltr (if non-pickup)                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | After call ltr to OI:                                                   | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Authorisation To Act:                                                   | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Release Voucher:                                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Final Repair Bill:                                                      | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Car Rental Invoice:                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Towing Invoice                                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | LTA / GIA :                                                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Medical Bill:                                                           | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | PIR:                                                                    | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Mandate/Reject Instruction:                                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | LOD                                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Payment Breakdown Form:                                                 | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Post-Repair Photos:                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                                                         | Others:                                                                 | <input type="checkbox"/> <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time: _____                                            | Sent By: _____                                                          |                                                                         |                                                   |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____                                            | Confirm with: _____                                                     | Confirm by: _____                                                       |                                                   |
| Repair Cost: <b>Part by Part</b>                                                                                                                                     | S\$ <b>3,212.68</b> ( <b>4</b> days) Reduction: <b>59</b> % | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                                         |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>25/07/2023</b> Confirm with <b>Nur Ariff</b>  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                                         |                                                   |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>   | If NO or B 28, Ass. Lia :                                               |                                                                         |                                                   |
| Repair Cost: <b>with GST</b>                                                                                                                                         | S\$ <b>3,469.69</b>                                         |                                                                         |                                                                         |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ ( _____ days)                                           |                                                                         |                                                                         |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <b>200.00</b> (\$ <b>50</b> x <b>4</b> days)            |                                                                         |                                                                         |                                                   |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ _____ x _____ days)                                 |                                                                         |                                                                         |                                                   |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                             |                                                                         |                                                                         |                                                   |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>2.00</b>                                             |                                                                         |                                                                         |                                                   |
| Medical:                                                                                                                                                             | S\$                                                         | 1) Claim status: Normal/ <del>Reject</del> Private Settle               |                                                                         |                                                   |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                | 2) Report Format: <b>TP</b>                                             |                                                                         |                                                   |
| Legal Cost                                                                                                                                                           | S\$                                                         | 3) Survey fee: <b>\$400</b>                                             |                                                                         |                                                   |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>3,671.69</b>                                         | <b>Global Sum S\$:</b>                                                  |                                                                         |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: _____                                            | Confirm with: _____                                                     | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1:                                                                                                                                                             | S\$ <b>3,671.69</b>                                         | Name 1:                                                                 | <b>KOMOCO MOTORS PTE LTD</b>                                            |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 2:                                                                 |                                                                         |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 3:                                                                 |                                                                         |                                                   |