15/5/2010

INS. CASE OWNER: CC 3 /AIG1900 4857, RJ43

LKK:

IDAC:

ASSIGNMENT

Surveyor: KASUL DOI: 19/03/19 Date / Time : 18/3/19

Registered in Merimen: 18/3/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SGF 4699T Claim No. : 3343 15958 G4

Name of Insured : BRIDGET ANGELA THESEIRA Policy No. : 010068869512

Insured Tel No. : HP: Make / Model : TOYOTA

Excess Sec II :S$ D.O.A : 17/3/19 Place of Accident : BOON LAY WAY

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**

SFT 30000 → SGF 4699T → SLW 7441B →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel : VOLKSWAGEN	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: 1	RMKS: TP	RMKS:

Date/ Time	
	SLW 7441B SGF 4699T 3 VEH [illegible] 15/3/19
	3 VC, OI 2ND
25-3-19 @ 11 AM	SPOKE W/ OI CONFIRMED, AGREED & AWARE NCD ISSUE.
	- FINALISED - TP LOD IN BY EMAIL - TP VIDEO IN. UPLOADED IN WEBWORD.
05/07/19	- CONFIRMED AMOUNT CALLED AS LOD - ALL DOCS IN ORDER. - TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	JUY 25-3-19
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: T/P S$ 4,100.86 (3 days) Reduction: 0 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05/07/19 Confirm with CHRISTINE Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28 -	If NO or B 28, Ass. Lia : 0% (3 VEH. C.C.; OI 2ND)
Repair Cost: (W/OUT)	S$ 4,420.02	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 100.00 $60 x 3 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	S$ 2.00	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 4,602.02 **Global Sum S$:** —	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 4,602.02	Name 1:	VOLKSWAGEN CENTRE SINGAPORE
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—