

INS. CASE OWNER: POO CHH YAN

CC 3 / MG 190 13397, Ti has 9

LKK:

IDAC:

Surveyor:

+ TAUMKH

DOI:

ASSIGNMENT06/08/19

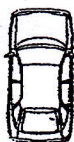
Date / Time:

30/7/19

Registered in Merimen:

30/7/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SMH 5166BClaim No. : 078937741AGGName of Insured : Vong Randy

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 26/07/2019

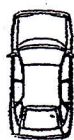
Place of Accident : _____

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

If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NODriver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

SKU 2962 UINSRS:
WSP: Volkswagen
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SKU 2962U - X ; SMH 5166B - X</u>	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
<u>01/08/19</u>	- FILE REVIEWED. OLD RATE-ENDED TP. SEND LETTER IN EMAIL TO OI TO NOTIFY TP CLAIM IN NCID ISSUES.	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	<u>01/08/19 - vic</u>
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	<u>P/P</u>	\$S <u>9,171.16</u>	(<u>6</u> days) Reduction:	<u>40</u> %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:	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/loss)</u>	\$S <u>9,813.14</u>	<u>(OLD RATE-ENDED TP)</u>		
Loss of Rental (LOR):	<u>(w/loss)</u>	\$S <u>856.00</u>	(<u>8</u> days) X <u>\$100.00</u>		
Loss of Use (LOU):	\$S <u>-</u>	(\$ <u>x</u> days)			
Loss of Income (LOI):	\$S <u>-</u>	(\$ <u>x</u> days)			
LOR only ☒	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	\$S <u>2.00</u>				
Medical:	\$S <u>-</u>				
Disbursement:	\$S <u>-</u>	(e.g. Tow/ Independent)			
Legal Cost	\$S <u>-</u>				
Total:	\$S <u>10,671.14</u>	Global Sum \$S:	<u>-</u>		
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	\$S <u>10,671.14</u>	Name 1:	<u>VOLKSWAGEN CENTRE SINGAPORE</u>		
Payee 2: (Strike if N.A.)	\$S <u>-</u>	Name 2:	<u>-</u>		
Payee 3: (Strike if N.A.)	\$S <u>-</u>	Name 3:	<u>-</u>		