15/5/2010

INS. CASE OWNER: CC 3 /AIG1900 15548/R1KB3Q2

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: 05/09/2019 Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SGJ2052B

Name of Insured : ANG CHIN FUI

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 31/08/2019

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

If **NO**, Driver Name / Age : _____

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

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

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

Insured Liability : % **Final ? Yes / No**

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : SKN3595B	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: TP	RMKS:	RMKS:	RMKS:

Date/ Time	

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:	

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:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ 3,760 (5 days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 9/4/2020	Confirm with MEIY	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,023.20		
Loss of Rental (LOR):	S$ – (– days)		
Loss of Use (LOU):	S$ 420.00 ($ 60 x 7 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/[redacted]
Disbursement:	S$ – (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$ –		3) Survey fee: $320
Total:	S$ 4,445.20	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,445.20	Name 1: ~~VOLKSWAGEN GROUP SINGAPORE~~	
Payee 2: (Strike if N.A.)	S$	Name 2: Volkswagen Centre Singapore	
Payee 3: (Strike if N.A.)	S$	Name 3:	