

INS. CASE OWNER:

Lee Ming Yao

CC3/AIG20003709/

ka3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time : 08/03/2020

Registered in Merimen: 08/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKN 1955J

Claim No. : 7940327745SG

Name of Insured : KOH SWEE GEK

Policy No. : 1700021801

Insured Tel No. : HP: +65-97850756

Make / Model : SUBARU XV-1.6 I-S AWD CVT (A)

Excess Sec II : S\$ D.O.A : 04/03/2020 18:55

Place of Accident : SERVICE ROAD OFF JLN SELASEH

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

SMJ 6060E

INSRS:
WSP: VOLKSWAGEN
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMJ 6060E - X	SKN 1955J - 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:	10/3/2020
			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:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	S\$ 4,669.24 (3 days) Reduction: 3,164.69 / 43%	Email ☐ Call ☐
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FINAL SETTLEMENT	Date/Time: 28/8/2020	Confirm with: shu shi	Email ☒ Call ☐
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Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :	NIL	If NO or B 28, Ass. Lia : 100
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Repair Cost:	(4/457) S\$ 4,996.89	01 REVERSE
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Loss of Rental (LOR):	S\$ - (- days)
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Loss of Use (LOU):	S\$ 150 (\$ 60 x 3 days)
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Loss of Income (LOI):	S\$ - (\$ - x - days)
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LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]
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GIA/LTA Search	S\$ 2.00
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Medical:	S\$ -	1) Claim status: Normal/Reject/Private Settle
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Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP
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Legal Cost	S\$ -	3) Survey fee: \$320
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Total:	S\$ 5,178.09	Global Sum S\$:
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	S\$ 5,178.09	Name 1: VOLKSWAGEN GROUP SINGAPORE PTE LTD
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Payee 2: (Strike if N.A.)	S\$	Name 2:
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Payee 3: (Strike if N.A.)	S\$	Name 3:
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