

INS. CASE OWNER:

NORSIAH

CC3/AIG20004392/ Eba3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor:

DOI:

Date / Time : 23/03/2020

Registered in Merimen: 23/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SCG 5522E

Claim No. : 4571343099SG

Name of Insured : Ng Long

Policy No. : 800074425

Insured Tel No. : HP: 96616122

Make / Model :

Excess Sec II : \$\$ D.O.A : 21/3/2020 17:30

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 / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLG 6292E



INSRS:  
WSP: VOLKSWAGEN  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SCG 5522E - X	SLG 6292E - X	STAGE	DATE/ PIC
24/3/2020	OINR. To send out first letter. File pass to Su Li.		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)	<input type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA	<input checked="" type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>

02/04/2020  
- OI GIA REPORT IN  
- TP VIDEO IN. UPLOADED IN WIKIMEDIA  
- FILE REVISED. OI CHANGED LANG.  
- BUAL LIABILITY CLERK

17/8/2020  
sahid k abse (file in drawer).

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Confirm with:	Confirm by:
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	SS 3,340.00	( 4 days) Reduction: 73 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 17/08/2020	Confirm with: MEIN	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: (w/gst)	SS 3,573.80		COI CHANGED LANG	
Loss of Rental (LOR): (w/gst)	SS 513.60	( 6 days) X \$80.00	TP VIDEO IN	
Loss of Use (LOU):	SS -	(\$ x days)		
Loss of Income (LOI):	SS -	(\$ x days)		
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]	
GIA/LTA Search	SS 2.00			
Medical:	SS -		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	SS -	(e.g. Tow/Independent)	2) Report Format: TP	
Legal Cost	SS -		3) Survey fee: \$ 320.00	
<b>Total:</b>	SS 4,089.40	Global Sum S\$: -		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	SS 3,573.80	Name 1: VOLKSWAGEN CENTRE SINGAPORE		
Payee 2: (Strike if N.A.)	SS 513.60	Name 2: BLOW PENT A CAR PTE LTD.		
Payee 3: (Strike if N.A.)	SS -	Name 3: -		