

INS. CASE OWNER:

CC 3 / AIG 2000 4717 / T1 d53

LKK:

UAC:

Surveyor:

Taufikh

DOI:

ASSIGNMENT

03/04/2020

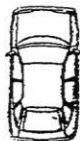
Date / Time:

31/3/2020

Registered in Merimen:

31/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SBE 9988R

Claim No. : _____

Name of Insured : Tee Gion Eng

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS

D.O.A : 27/3/2020

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

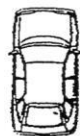
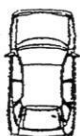
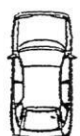
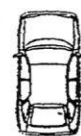
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SJU 4603E

INSRS:
WSP: Volkswagen
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SJU 4603E : CS/AXA/4006817/Rgbd / ; DDA: 4/4/14
SBE 9988R : 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:

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: SS (days) Reduction: %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 7/8/2020

Confirm with Mei

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: (w/GA) SS 4320.72

Loss of Rental (LOR): SS (days)

Loss of Use (LOU): SS 210.00 (\$ 70 x 3 days)

Loss of Income (LOI): SS (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search SS 2.00

Medical: SS -

Disbursement: SS (e.g. Tow/ Independent)

Legal Cost SS -

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320

Total: SS 4532.72

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: SS 4532.72

Name: Volkswagen Centre Singapore

Payee 2: (Strike if N.A.) SS

Name:

Payee 3: (Strike if N.A.) SS

Name: