15/5/2010

INS. CASE OWNER: CC3/AIG20006179/R1kv3

LKK:

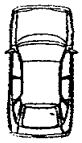
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 09/06/2020 Date / Time : 09/06/2020

Registered in Merimen: 09/06/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKS 6878P

Name of Insured : TAN LAY GEOK

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 06/06/2020

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

Claim No. : 2097530466SG

Policy No. : 2100420155

Make / Model : AUDI A6 1.8 TFSI ULTRA

Place of Accident : JALAN MATA AYER JUNCTION OF SEMBAWANG RD

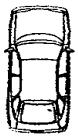
If **NO**, Driver Name / Age : YEO JIANHAO, MITCHELL (YANG JIANHAO)

Driver Tel No. : 90706527 (V/L: YES / NO)

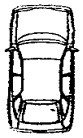
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

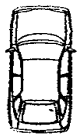
SKE 3769P → → →



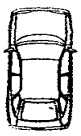
INSRS:
WSP: VOLKSWAGEN CENTRE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKE 3769P - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SKS 6878P - CS/AIG18008486/Avcq2 ; 02/05/2018	Non-Reporting ltr (Final):	
	CC3/AIG20006239/Avf3 ; 06/06/2020	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$ (days)	Reduction: %	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only LOU only	LOR + LOU	LOR + LOI [**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	