INS. CASE OWNER: | CC3/AIG20006179/R1kv3 | 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		
	SKE 3769P - X	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
	SKS 6878P - CS/AIG18008486/Avcq2 ; 02/05/2018	Non-Reporting ltr (2nd):
	CC3/AIG20006239/Avf3 ; 06/06/2020	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
4/8/2020	REJECT CLAIM. TP NO SUPPORTING EVIDENCE TO PROOF TRAFFIC LIGHT IN HIS FAVOUR. SURVEY DONE	**Documentation Check List:** **Handler** **Typist**
		Notification ltr (if non-pickup)
		After call ltr to OI:
		Authorisation To Act:
		Release Voucher:
	Reject Case By (staff) : Khanchna Approved by : Date : 04/8/20	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:	%		reed / Assessed) BOLA S o. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$			REJECT CLAIM. SURVEY DONE.
Loss of Rental (LOR):	S$	(	days)	
Loss of Use (LOU):	S$	($	x days)	
Loss of Income (LOI):	S$	($	x	
LOR only LOU only	LOR + LOU	LOI	[**Tick only one**]	
GIA/LTA Search	S$			
Medical:	S$			1) Claim status: ~~Normal~~/Reject/~~Private Settle~~
Disbursement:	S$		(e.g. Independent)	2) Report Format: TP
Legal Cost	S$			3) Survey fee: $320
Total:	**S$**		**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:	