15/5/2010

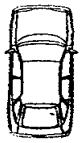
INS. CASE OWNER: MERINA CHIA | CC4/FCI20007807/da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 29/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7992E

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 25/07/2020 18:40

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

Claim No. : D20002968MFSH

Policy No. : D-20094921MFSH

Make / Model : HYUNDAI I40-1.7 D CRDI (A)

Place of Accident : COMMONWEALTH AVENUE WEST JUNCTION GHIM MOH RD

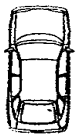
If **NO**, Driver Name / Age : LING KHENG HO

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

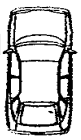
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

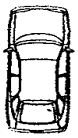
SJR 3961T → _____ → _____ → _____



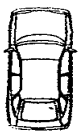
INSRS:
WSP: VOLKSWAGEN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJR 3961T - X	**STAGE** **DATE / PIC**
	SHC 7992E - CS/FCI18021932/d3XX ; 15/11/2018	Non-Reporting ltr (1st):
	NA/INC18020791/k4 ; 15/11/2018	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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ 3,554.24 (3 days)	Reduction: 59 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 31/08/2020	Confirm with Meiy	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 3,803.04		
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 180.00 ($ 60 x 3 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ✓	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 7.45		
Medical:	S$ -		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $350
Total:	**S$** 3,990.49	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,990.49	Name 1:	Volkswagen Group Singapore Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	