

INS. CASE OWNER:

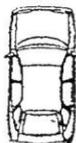
CC3 /AIG 2000 8049 / R1es3

LKK:
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 05/08/2020 Date / Time : 03/08/2020
Registered in Merimen: 03/08/2020

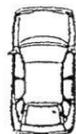
Pre-assign / CCU / FTE



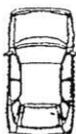
Insured Vehicle No. : SMH 3086L Claim No. : _____
Name of Insured : WONG AA YING Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : 31/07/2020 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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

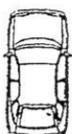
SLB 1020H



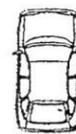
INSRS:
WSP: **VOLKSWAGEN**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLB 1020H : CC3/LCR18007485/R1wb3q2 ; DOA : 19/04/2018	Non-Reporting ltr (1st):	
SMH 3086L : X	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 type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: **MRB**
Repair Cost: **P/P** S\$ **8,849.25** (**5** days) Reduction: **38** % Email Call

FINAL SETTLEMENT Date/Time: **25.01.21** 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\$ **9,468.70** **OID REAR ENDED TP**
Loss of Rental (LOR): S\$ - (_____ days)
Loss of Use (LOU): S\$ **420.00** (\$ **60** x **7** days)
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)
LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
GIA/LTA Search S\$ **2.00**
Medical: S\$ -
Disbursement: S\$ - (e.g. Tow/ Independent)
Legal Cost S\$ -
1) Claim status: Normal/Reject/Private Settle
2) Report Format: **TP**
3) Survey fee: **\$320**

Total: S\$ **9,890.70** **Global Sum S\$:**

FINAL PAYMENT Date/Time: **25.01.21** Confirm with: **MEIY** Email Call

Payee 1: S\$ **9,890.70** 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: