

INS. CASE OWNER:

CC 4 / FCI 2000 8133 / R1es3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

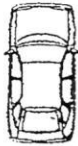
RASUL

DOI: 06/08/2020

Date / Time : 06/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3229C

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : HP: —

Make / Model :

Excess Sec II : S\$ D.O.A : 01/08/2020

Place of Accident :

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

If NO, Driver Name / Age :

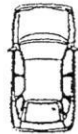
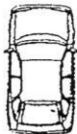
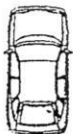
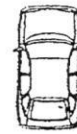
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SLV 3093D

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

Date/ Time	SLV 3093D : X	STAGE	DATE / PIC
	SHC 3229C : CC3/CTI18005083/K1ub3q2 ; DOA : 15/03/2018	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: MRB
Repair Cost:	P/P S\$ 3,300.21 (3 days) Reduction: 59 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 16.09.20 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\$ 3,531.22	OID REAR ENDED TP	
Loss of Rental (LOR):	w/GST S\$ 321.00 (3 days) X \$100		
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\$ 7.45		
Medical:	S\$ -	1) Claim status: Normal/ Reject/ Private Settlement	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$350	
Total:	S\$ 3,859.67	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 16.09.20 Confirm with: MEIY	Email ☐ Call ☐	
Payee 1:	S\$ 3,859.67	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:	