

INS. CASE OWNER:

CC3 /AIG 2000 8696 / R1gs3

LKK:  
IDAC:

## ASSIGNMENT

Surveyor: RASUL

DOI: 20/08/2020

Date / Time : 19/08/2020

Registered in Merimen: 19/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLD 3620C

Claim No. : \_\_\_\_\_

Name of Insured : MASLI RAMLI

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 18/08/2020

Place of Accident : \_\_\_\_\_

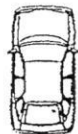
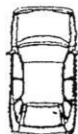
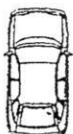
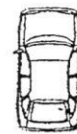
Is driver the owner? ( ☒ YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : \_\_\_\_\_ (V/L: ☒ YES / NO )

Insured Liability : \_\_\_\_\_ % Final ? Yes / No

SLD 6856U

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

| Date/ Time                                                                                                                              | SLD 6856U : X ; SLD 3620C : X                                         |                          | STAGE                                 | DATE / PIC                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------|---------------------------------------|--------------------------------------------------------------|
|                                                                                                                                         |                                                                       |                          | 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)      | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | After call ltr to OI:                 | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | Authorisation To Act:                 | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | Release Voucher:                      | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | Final Repair Bill:                    | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | Car Rental Invoice:                   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | Towing Invoice                        | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | LTA / GIA :                           | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | Medical Bill:                         | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | PIR:                                  | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | Mandate/Reject Instruction:           | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | LOD                                   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | Payment Breakdown Form:               | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | Post-Repair Photos:                   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                         |                                                                       |                          | Others:                               | <input type="checkbox"/> <input type="checkbox"/>            |
| <b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____                                                                               |                                                                       |                          |                                       |                                                              |
| <b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____                                                              |                                                                       |                          |                                       |                                                              |
| Repair Cost:                                                                                                                            | P/P                                                                   | S\$ 5071.86              | ( 5 days) Reduction: 11,612.41 % 70   | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: 07/01/2021 Confirm with MEIY Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                                       |                          |                                       |                                                              |
| Final Liability:                                                                                                                        | %                                                                     | 100                      | (Agreed / Assessed) BOLA S/N No. : 27 | If NO or B 28, Ass. Lia :                                    |
| Repair Cost:                                                                                                                            | S\$                                                                   | 5426.89                  | W/GST                                 |                                                              |
| Loss of Rental (LOR):                                                                                                                   | S\$                                                                   | 428.00                   | ( 5 days) x \$85.60                   |                                                              |
| Loss of Use (LOU):                                                                                                                      | S\$                                                                   |                          | ( \$ x days)                          |                                                              |
| Loss of Income (LOI):                                                                                                                   | S\$                                                                   |                          | ( \$ x days)                          |                                                              |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>                                                          | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | [Tick only one]          |                                       |                                                              |
| GIA/LTA Search                                                                                                                          | S\$                                                                   | 2.00                     |                                       |                                                              |
| Medical:                                                                                                                                | S\$                                                                   |                          |                                       |                                                              |
| Disbursement:                                                                                                                           | S\$                                                                   | (e.g. Tow/ Independent ) |                                       |                                                              |
| Legal Cost                                                                                                                              | S\$                                                                   |                          |                                       |                                                              |
| Total:                                                                                                                                  | S\$                                                                   | 5856.89                  | Global Sum S\$:                       |                                                              |
| <b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>       |                                                                       |                          |                                       |                                                              |
| Payee 1:                                                                                                                                | S\$                                                                   | 5856.89                  | 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:                               |                                                              |

1) Claim status: ☒ Normal/Reject/Private Settle  
2) Report Format: TP  
3) Survey fee: \$320.00