

INS. CASE OWNER:

CC3 /AIG 2000 9487 / R1es3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

RASUL

DOI:

07/09/2020

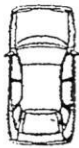
Date / Time :

07/09/2020

Registered in Merimen:

07/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 429M

Claim No. : _____

Name of Insured : ROSLAN BIN ALI

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 02/09/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

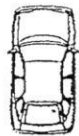
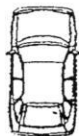
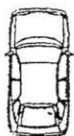
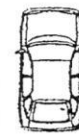
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SMH 6683T

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

Date/ Time	SMH 6683T : X ; SLH 429M : 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)	☐ ☐
		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: _____	Confirm with: _____	Confirm by: MRB
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: MRB
Repair Cost: P/P	S\$ 68,051.64 (22 days) Reduction: 24 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 07.01.21 Confirm with MEIY	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%	
Repair Cost: w/GST	S\$ 72,815.25 4VEH CC OID LAST		
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 2,900.00 (\$ 100 x 29 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\$ -	1) Claim status: Normal ☒ Reject ☐ Private ☐ Sole ☐	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$320	
Total:	S\$ 75,717.25 Global Sum S\$:		
FINAL PAYMENT	Date/Time: 07.01.21 Confirm with: MEIY	Email ☐ Call ☐	
Payee 1:	S\$ 75,717.25 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:		