

INS. CASE OWNER:

CC3/AIG20009809/R1ba3

IDAC:

**ASSIGNMENT**Surveyor: RASULDOI: 15/9/2020Date / Time : 14/9/2020Registered in Merimen: 14/9/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SJH 8157T

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

Name of Insured : \_\_\_\_\_

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 13/9/2020 21:10Place of Accident : CLEMENTI AVE 6 BEFORE ENTRY TO PIE

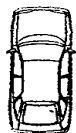
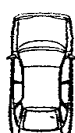
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

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**SME 7751PINSRS:  
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
	SME 7751P - X	Non-Reporting ltr (1st):	
	SJH 8157T - CC6/DAI14004858/Upb3q2 - 12/03/2014	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
16/10/2020	SETTLED AND CLOSED / NO PHY FILE	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <b>P/P</b>	S\$ <b>8,057.23</b> ( <b>5</b> days) Reduction: <b>49.08</b> %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>16/10/2020</b> Confirm with <b>Meiy</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>15</b>	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <b>8,621.24</b>		
Loss of Rental (LOR)(W/GST)	S\$ <b>898.80</b> ( <b>7</b> days) X \$120.00	<b>OI changed lane</b>	
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ <b>2.00</b>		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	S\$	3) Survey fee: <b>\$320.00</b>	
<b>Total:</b>	S\$ <b>9,522.04</b> <b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ <b>8,623.24</b> Name 1: <b>VOLKSWAGEN GROUP SINGAPORE PTE LTD</b>		
Payee 2: (Strike if N.A.)	S\$ <b>898.80</b> Name 2: <b>BKW RENT A CAR PTE LTD</b>		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		