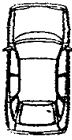


ASSIGNMENTSurveyor: RASULDOI: 15/10/2020Date / Time : 12/10/2020Registered in Merimen: 12/10/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SKD 3341U

Claim No. : _____

Name of Insured : ANG KIM LOO

Policy No. : _____

Insured Tel No. : _____ HP: _____

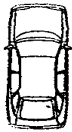
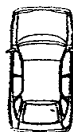
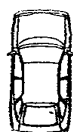
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/10/2020

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****SKP 6913L**INSRS:
WSP: **VOLKSWAGEN**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKP 6913L : X	STAGE
	SKD 3341U : CC6/AIG13002247/M1uy3q2 : DOA : 30/01/2013	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: P/P S\$ 3,903.24 (4 days) Reduction: \$4,043.86 % 51		Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/12/2020	Confirm with MEIY
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		Email ☒ Call ☐
Repair Cost: S\$ 4176.47 W/GST		If NO or B 28, Ass. Lia :
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ 150.00 (\$ 50 x 3 days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ 2.00		
Medical: S\$		1) Claim status: ☒ Normal/Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: \$320.00
Total: S\$ 4328.47		Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1: S\$ 4328.47	Name 1: VOLKSWAGEN CENTRE SINGAPORE	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	