

ASSIGNMENT CC3/AIG20012925/R1pa3Surveyor: RasulDOI: 26/11/2020Date / Time : 24/11/2020Registered in Merimen: 24/11/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SJZ 2895R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 21/11/2020 14:15Place of Accident : PIE

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

If NO, Driver Name / Age :

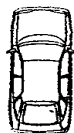
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SMT 5699SINSRS:
WSP: Skoda Centre
Tel : Singapore
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	<u>SMT 5699S - X</u>	<u>SJZ 2895R - X</u>	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:		
<u>01/03/2021</u>	<u>Pls refer to VIEWS for details.</u>		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:	Confirm by:		
Repair Cost: <u>P/P</u>	S\$ <u>8,959.93</u> (<u>5</u> days) Reduction: <u>43</u> %		Email ☐	Call ☐	
FINAL SETTLEMENT	Date/Time: <u>01/03/2021</u> Confirm with <u>Meiy</u>		Email ☒	Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :		
Repair Cost: <u>w/GST</u>	S\$ <u>9,587.13</u>				
Loss of Rental (LOR) <u>w/GST</u>	S\$ <u>856.00</u> (<u>8</u> days) x \$100.00				
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\$ <u>2.00</u>				
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>		
Legal Cost	S\$		3) Survey fee: <u>\$320.00</u>		
Total:	S\$ <u>10,445.13</u>	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐	
Payee 1:	S\$ <u>9,589.13</u>	Name 1:	<u>Volkswagen Group Singapore Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ <u>856.00</u>	Name 2:	<u>BKW Rent A Car Pte Ltd</u>		
Payee 3: (Strike if N.A.)	S\$	Name 3:			