

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 22/12/2020
 Registered in Merimen: 22/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJD 9992M Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : S\$ _____ D.O.A : 19/12/2020 21:00 Place of Accident : TAMPINES AVE 9
 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**

SLG 3727M



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



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
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INSRS: _____
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 Tel : _____
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Date/ Time	SLG 3727M - X	SJD 9992M - 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 checked="" 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 type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
<u>21/04/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>		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"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost: <u>P/P</u> S\$ <u>11,457.86</u> (<u>6</u> days) Reduction: <u>32.41</u> % Email <input type="checkbox"/> Call <input type="checkbox"/>				
FINAL SETTLEMENT Date/Time: <u>19/04/2021</u> Confirm with <u>Meiy</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u> If NO or B 28, Ass. Lia :				
Repair Cost: (W/GST) S\$ <u>12,259.91</u>				
Loss of Rental (LOR): S\$ _____ (_____ days)				
Loss of Use (LOU): S\$ <u>480.00</u> (\$ <u>60</u> x <u>8</u> days)				
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)				
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search S\$ <u>2.00</u>				
Medical: <u>Coating</u> S\$ <u>150.00</u>				
Disbursement: S\$ _____ (e.g. Tow/ Independent)			1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____			2) Report Format: <u>TP</u>	
Total: S\$ <u>12,891.91</u> Global Sum S\$: _____			3) Survey fee: <u>\$320.00</u>	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>				
Payee 1: S\$ <u>12,891.91</u> Name 1: <u>VOLKSWAGEN GROUP SINGAPORE PTE LTD</u>				
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____				