

ASSIGNMENTSurveyor: RasulDOI: 14/01/2021Date / Time : 14/01/2021Registered in Merimen: 14/01/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SGL 6155B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 13/01/2021 07:20Place of Accident : PIE TWDS TOA PAYOH

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

If NO, Driver Name / Age : _____

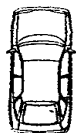
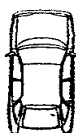
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SML 9687S -> SGL 6155BSMS 5149TSKJ 1859AFBP 3528SINSRS:
WSP:
Tel :
Liability :
RMKS: OIINSRS:
WSP:
Tel : VOLKSWAGEN
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	<u>SMS 5149T - X</u>	<u>SGL 6155B - X</u>	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
<u>19/08/2021</u>	<u>Pls refer to VIEWS for details.</u>		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:	Confirm by:	
Repair Cost: <u>P/P</u>	S\$ <u>33,562.18</u> (<u>23</u> days) Reduction: <u>40</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>19/08/2021</u> Confirm with <u>Meiy</u>		Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>		If NO or B 28, Ass. Lia : <u>0</u>	
Repair Cost: <u>w/GST</u>	S\$ <u>35,911.53</u>			
Loss of Rental (LOR):	S\$ (_____ days)			
Loss of Use (LOU):	S\$ <u>3,500.00</u> (\$ <u>100</u> x <u>35</u> days)			
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$			
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>39,411.53</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ <u>39,411.53</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:		