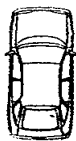


ASSIGNMENTSurveyor: RasulDOI: 18/01/2021Date / Time : 18/01/2021Registered in Merimen: 18/01/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLG 811Y

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

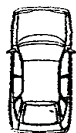
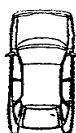
Excess Sec II : \$ _____ D.O.A : 15.01.2021Place of Accident : KPE TUNNEL ENTRANCE TOWARDS MCE

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 811YSMU 9119TSKA 9944GSJH 3922JINSRS:
WSP:
Tel :
Liability :
RMKS: OIINSRS:
WSP: VOLKSWAGEN
Tel :
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMU 9119T - X	Non-Reporting ltr (1st):	
	SLG 811Y - CS/AIG21000784/Evd3 ; 15/01/2021	Non-Reporting ltr (2nd):	
	CS3/AIG20007255/Gsf3e2 ; 13/07/2020	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
16/07/2021	Pls refer to VIEWS for details.	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: <u>P/P</u> S\$ <u>28,690.81</u> (<u>15</u> days) Reduction: <u>50</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>16/07/2021</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>100</u>	
Repair Cost: <u>w/GST</u> S\$ <u>30,699.17</u>			
Loss of Rental (LOR) <u>w/GST</u> S\$ <u>1,605.00</u> (<u>15</u> days) x \$100			
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\$ <u>1,178.20</u>			
Disbursement: S\$ _____ (e.g. Tow/ Independent)			
Legal Cost S\$ _____			
Total: S\$ <u>33,484.37</u>	Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1: S\$ <u>33,484.37</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: _____		