

Rasul

ASSIGNMENT

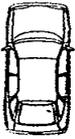
Surveyor:

DOI: 23/04/2021

Date / Time : 20/04/2021

Registered in Merimen: 20/04/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 8166X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 19/04/2021 11:00

Place of Accident : _____

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

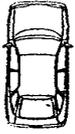
If NO, Driver Name / Age : _____

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

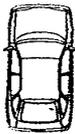
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

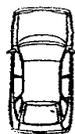
SME 4345Z



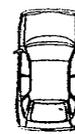
INSRS:
WSP: Volkswagen
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time		STAGE	DATE / PIC
	SME 4345Z - X	Non-Reporting ltr (1st):	
	GBK 8166X - CS/AIG21001701/Kqd3 ; 03.02.2021	Non-Reporting ltr (2nd):	
	We have detected that there is already an active claim within 1 day of the Date of Loss.	Non-Reporting ltr (Final):	
	SME4345Z Date of Loss: 19/04/2021 (OD)	Notification ltr (if non-pickup):	
	Insurer: MSIG Insurance (Singapore) Pte. Ltd.	Call OI:	
	Please CONFIRM that this is NOT the same case you are creating.	After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P	S\$ 7,284.39 (4 days) Reduction: 29 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 18/06/2021 Confirm with Meiy	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost: W/GST	S\$ 7,794.30		
Loss of Rental (LOR) W/GST	S\$ 513.60 (6 days)x \$80.00		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ 7.45		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format: TP	
		3) Survey fee: \$320.00	
Total:	S\$ 8,315.35 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ 7,801.75 Name 1: Volkswagen Group Singapore Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ 513.60 Name 2: BKW Rent A Car Pte Ltd		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		