

ASSIGNMENTSurveyor: RASULDOI: 03/08/2021Date / Time : 02/08/2021Registered in Merimen: 02/08/2021**Pre-assign / CCU / FTE**

Insured Vehicle No. : FK 311Z
 Name of Insured : MD HAIROMAN BIN MD SUM
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 01/08/2021

Claim No. : _____

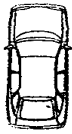
Policy No. : _____

Make / Model : _____

Place of Accident : _____

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

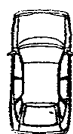
If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SMR 8263G**

INSRS:
WSP: VOLKSWAGEN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMR 8263G : X	STAGE DATE / PIC
	FK 311Z : CS/AIG21008249/T1uf3 ; DOA : 01/08/2021	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) ☐ ☐
		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: MRB
Repair Cost: P/P S\$ 7,306.28 (5 days) Reduction: 31 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14.10.21 Confirm with MEIY	Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST S\$ 7,817.72 OI REAR ENDED TP		
Loss of Rental (LOR): S\$ - (_____ days)		
Loss of Use (LOU): S\$ 420.00 (\$ 60 x 7 days)		
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ 2.00		
Medical: S\$ -		1) Claim status: Normal/ Reject/Private Settle
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$ -		3) Survey fee: \$320
Total: S\$ 8,239.72 Global Sum S\$:		
FINAL PAYMENT	Date/Time: 14.10.21 Confirm with: MEIY	Email ☐ Call ☐
Payee 1: S\$ 8,239.72 Name 1: VOLKSWAGEN GROUP SINGAPORE PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		