15/5/2010

INS. CASE OWNER:

CC3/AIG21008581/ga3

LKK:

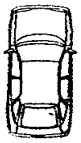
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: 18/08/2021 Date / Time : 16/08/2021

Registered in Merimen: 16/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 8688C Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

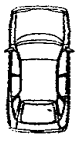
Excess Sec II :S$ _____ D.O.A : 15/08/2021 12:00 Place of Accident : 285 BUKIT BATOK EAST AVE 3

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

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

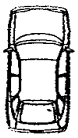
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMT 2199M → _____ → _____ → _____

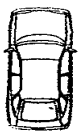


INSRS:
WSP: VOLKSWAGEN
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMT 2199M - X SMF 8688C - X	**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	TPV: VOLKSWAGEN TOURAN - 1395cc	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	CLAIMANT: AARON ZHANG YIREN	**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: P/P	S$ $14,712.86 (12 days) Reduction: $4,967.65 % 25		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with MEIY	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 15,742.76 W/GST		
Loss of Rental (LOR):	S$ 1,498.00 (14 days) x $107.00 W/GST		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 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: $350.00
Total:	**S$** 17,242.76	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$	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:	