15/5/2010

LKK:
IDAC:

CC3/AIG21008692/Eps3

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **STEVE**   DOI: 20/08/2021   Date / Time : 19/08/2021
Registered in Merimen: 19/08/2021

Pre-assign / CCU / FTE

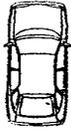|	
Insured Vehicle No. : **SBW 999Z**	Claim No. :
Name of Insured : **HENG LAI SENG**	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : **18/08/2021**	Place of Accident :
Is driver the owner? ((YES) / NO)	Nature of Accident :

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**

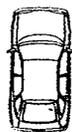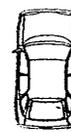**SMF 2986G** ⟶ ⟶ ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **VOLKSWAGEN**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SMF 2986G : X ; SBW 999Z : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
14/10/2021	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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: **P/P**   S$ **10,681.11** (**5** days) Reduction: **49** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **14/10/2021** Confirm with **Meiy**   Email ✓ Cal ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27**		If NO or B 28, Ass. Lia :
Repair Cost: **w/GST** S$ **11,428.79**		
Loss of Rental (LOR) **w/GST** S$ **599.20** (**7** days) x**$80.00**		
Loss of Use (LOU): S$ ($ x 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: **$320.00**

Total: S$ **12,029.99**   Global Sum S$:   ✓

FINAL PAYMENT Date/Time: Confirm with: Email ✓ Cal ☐

Payee 1: S$ **11,430.79**	Name 1: **Volkswagen Group Singapore Pte Ltd**
Payee 2: (Strike if N.A.) S$ **599.20**	Name 2: **BKW Rent A Car Pte Ltd**
Payee 3: (Strike if N.A.) S$	Name 3: