15/5/2010

INS. CASE OWNER:

CC4/LPC21008941/R1es3

LKK:

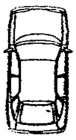
IDAC:

ASSIGNMENT

Surveyor: Rasul DOI: 26/08/2021 Date / Time : 25/08/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 1819D Claim No. :

Name of Insured : JK FOOD SUPPLY PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

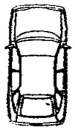
Excess Sec II :S$ D.O.A : 23/08/2021 Place of Accident :

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

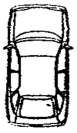
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

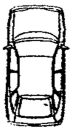
SKF 2113H → → →



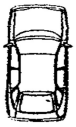
INSRS:
WSP: VOLKSWAGEN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKF 2113H : X GBD 1819D : NA/EQI18018416/h4 ; DOA : 10/10/2018	

STAGE	DATE / PIC
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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: MRB
Repair Cost: P/P	S$ 16,376.53	(8 days) Reduction: 43 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 08.11.21	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$ 17,522.89	OID REAR ENDED TP	
Loss of Rental (LOR) w/GST	S$ 1,070.00	(10 days) X $100	
Loss of Use (LOU):	S$ -	($ 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$ 237.40		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $400
Total:	**S$** 18,832.29	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 08.11.21	Confirm with: MEIY	Email [ ] Cal [ ]
Payee 1:	S$ 18,832.29	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:	