

**ASSIGNMENT**

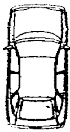
Surveyor:

**RASUL**

DOI: 02/09/2021

Date / Time : 23/08/2021

Registered in Merimen: 23/08/2021

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SKL 1276X

Claim No. : 335439415SG

Name of Insured : \_\_\_\_\_

Policy No. : 1900092171

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 21/08/2021

Place of Accident : Crescent Rd

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

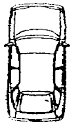
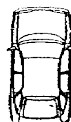
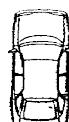
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

**SKC 9019S**INSRS:  
WSP: VOLKSWAGEN  
Tel : GROUP  
Liability : SINGAPORE  
RMKS: PTE LTDINSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		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:	
		<b>Documentation Check List:</b>	<b>Handler      Typist</b>
		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"/>
	CLAIMANT - ARANI KRISHNA	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
	TPV: SKODA SUPERB - 1984cc	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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
			Others: <input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost: PP	S\$ 14,480.84	( 9 days) Reduction: \$13,122.24 % 48	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 26/07/2022	Confirm with MEIY	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 15,494.50	W/GST	
Loss of Rental (LOR):	S\$ 1,669.20	( 13 days) x \$128.40 W/GST	PIR CHARGES AGAINST OI DEPSITE GIVEN
Loss of Use (LOU):	S\$ (\$ x days)		STERN WARNING
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\$		
Medical:	S\$		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent )	2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$0
<b>Total:</b>	S\$ 17,163.70	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 15,494.50	Name 1:	VOLKSWAGEN GROUP SINGAPORE PTE LTD
Payee 2: (Strike if N.A.)	S\$ 1,669.20	Name 2:	BKW RENT A CAR PTE LTD
Payee 3: (Strike if N.A.)	S\$	Name 3:	