

**ASSIGNMENT**Surveyor: **STEVE**DOI: **05/10/2021**Date / Time : **04/10/2021**Registered in Merimen: **04/10/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBD 8719M**

Claim No. : \_\_\_\_\_

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

Policy No. : \_\_\_\_\_

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **01/10/2021 12:45**Place of Accident : **AT THE JK BUILDING ( JALAN JURONG KECHIL) LEAVING THE CAR PARK**

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****SNB 7740A**INSRS:  
WSP: **VOLKSWAGEN**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                                                 | STAGE                                                                             | DATE / PIC                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                      | <b>SNB 7740A - X</b>                                                            |                                                                                   |                                                   |
|                                                                                                                                                                      | <b>GBD 8719M - CS3/III19018669/Qcd3e2; 14/10/2019</b>                           | Non-Reporting ltr (1st):                                                          |                                                   |
|                                                                                                                                                                      | <b>CS3/III19018669/Qsd3e2-1; 14/10/2019</b>                                     | Non-Reporting ltr (2nd):                                                          |                                                   |
|                                                                                                                                                                      |                                                                                 | Non-Reporting ltr (Final):                                                        |                                                   |
|                                                                                                                                                                      |                                                                                 | Notification ltr (if non-pickup):                                                 |                                                   |
|                                                                                                                                                                      |                                                                                 | Call OI:                                                                          |                                                   |
|                                                                                                                                                                      | <b>TPV: VOLKSWAGEN TOURAN (1395cc)</b>                                          | After call ltr to OI:                                                             |                                                   |
|                                                                                                                                                                      |                                                                                 | <b>Documentation Check List:</b>                                                  | <b>Handler</b> <b>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"/> |
|                                                                                                                                                                      |                                                                                 | Medical Bill:                                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                 | PIR:                                                                              | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                 | 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: <b>P/P</b>                                                                                                                                              | S\$ <b>\$4,964.41</b> ( <b>3</b> days) Reduction: <b>\$3,700.00</b> % <b>43</b> | Email <input type="checkbox"/> Call <input type="checkbox"/>                      |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>24/12/2021</b> Confirm with <b>MEIY</b>                           | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>           |                                                   |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>22</b>                       | If NO or B 28, Ass. Lia :                                                         |                                                   |
| Repair Cost:                                                                                                                                                         | S\$ <b>5,311.92</b> <b>W/GST</b>                                                |                                                                                   |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>321.00</b> ( <b>3</b> days) x <b>\$107</b>                               |                                                                                   |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                                                 |                                                                                   |                                                   |
| 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\$ <b>7.45</b>                                                                 |                                                                                   |                                                   |
| Medical:                                                                                                                                                             | S\$                                                                             | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle |                                                   |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                                    | 2) Report Format: <b>TP</b>                                                       |                                                   |
| Legal Cost                                                                                                                                                           | S\$                                                                             | 3) Survey fee: <b>\$350.00</b>                                                    |                                                   |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>5,640.37</b> <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\$ <b>5,640.37</b> Name 1: <b>VOLKSWAGEN GROUP SINGAPORE PTE LTD</b>           |                                                                                   |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ Name 2:                                                                     |                                                                                   |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ Name 3:                                                                     |                                                                                   |                                                   |