| LKK: |
| IDAC: |

INS. CASE OWNER: Loh Chee Heng   **CC4/AIG21000280/ga3**
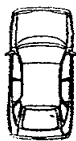
ASSIGNMENT

Surveyor: _____   DOI: _____   Date / Time : 06/01/2021

Registered in Merimen: 06/01/2021

Pre-assign / CCU / FTE

Insured Vehicle No.   : EZ 7774H   Claim No.   : 1328734318SG

Name of Insured   : OONG ENG TIONG   Policy No.   : 1700057292

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

Excess Sec II :S$ _____   D.O.A : 20/11/2020 11:18   Place of Accident : ALONG CTE TOWARDS AYE, BEFORE BRADDELL ROAD
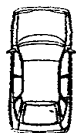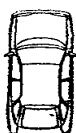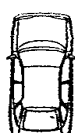
Is driver the owner?   (YES / NO)   Nature of Accident : _____

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**

GBG 9233A   →   →   →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: iShare Auto Pte. Ltd..	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		

GBG 9233A - CC3/CTI17023758/Kpb3q2 ; 05/12/2017
CS3/CTI18021488/R1cd3e2 ; 22/11/2018
EZ 7774H -   NA/INC20012825/z4 ; 20/11/2020

We have detected that there is already an active claim within 1 day of the Date of Loss.

GBG9233A Date of Loss: 20/11/2020 (TP)
Insurer: AIG Asia Pacific Insurance Pte. Ltd.
Repairer: Falcon-Air Auto Services Pte Ltd (Tampines)

Please CONFIRM that this is NOT the same case you are creating.

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: _____

Repair Cost: S$ _____ (___ days) Reduction: ___ %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: _____   Confirm with _____   Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
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$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee:
Total:	**S$** Global Sum S$:	

FINAL PAYMENT Date/Time: _____   Confirm with: _____   Email ☐ Call ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: