

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 06/01/2021Registered in Merimen: 06/01/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : EZ 7774HClaim No. : 1328734318SGName of Insured : OONG ENG TIONGPolicy No. : 1700057292

Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA ESTIMA

Excess Sec II : \$

D.O.A : 20/11/2020 11:18Place 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:
WSP: iShare Auto
Tel : Pte. Ltd..
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBG 9233A - CC3/CTI17023758/Kpb3q2 ; 05/12/2017	Non-Reporting ltr (1st):	
	CS3/CTI18021488/R1cd3e2 ; 22/11/2018	Non-Reporting ltr (2nd):	
	EZ 7774H - NA/INC20012825/z4 ; 20/11/2020	Non-Reporting ltr (Final):	
	We have detected that there is already an active claim within 1 day of the Date of Loss.	Notification ltr (if non-pickup):	
	GBG9233A Date of Loss: 20/11/2020 (TP)	Call OI:	
	Insurer: AIG Asia Pacific Insurance Pte. Ltd.	After call ltr to OI:	
	Repairer: Falcon-Air Auto Services Pte Ltd (Tampines)	Documentation Check List:	Handler Typist
	Please CONFIRM that this is NOT the same case you are creating.	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"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time: _____	Sent By: _____
FINALIZATION		Date/Time: _____	Confirm with: _____
Repair Cost:	\$S	(_____ days) Reduction:	% _____
FINAL SETTLEMENT		Date/Time: _____	Confirm with: _____
Final Liability:	% _____	(Assessed) BOLA S/N No. :	_____
Repair Cost:	\$S		
Loss of Rental (LOR):	\$S	(_____ days)	
Loss of Use (LOU):	\$S	(\$ _____)	
Loss of Income (LOI):	\$S	(\$ _____ x _____)	
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR <input type="checkbox"/> LOU <input type="checkbox"/>
GIA/LTA Search	\$S		
Medical:	\$S		
Disbursement:	\$S	(dependent)	
Legal Cost	\$S		
Total:	\$S		
FINAL PAYMENT		Date/Time: _____	With: _____
Payee 1:	\$S	Name 1:	_____
Payee 2: (Strike if N.A.)	\$S	Name 2:	_____
Payee 3: (Strike if N.A.)	\$S	Name 3:	_____