		LKK:
INS. CASE OWNER:	**CC4/AIG21011738/pa3**	IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 17/11/2021

Registered in Merimen: 18/11/2021

Pre-assign / CCU / FTE

Insured Vehicle No.	:	GBF 5173X	Claim No.	:	9100083322SG
Name of Insured	:		Policy No.	:	
Insured Tel No.	:	HP:	Make / Model	:	

Excess Sec II :S$ _____ D.O.A : 03/11/2021   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**

SJU 2295Z → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Teamwork Garage Pte Ltd	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SJU 2295Z - CS/MSG16012536/Kgbn2 ; 05/07/2016	Non-Reporting ltr (1st):	
	NA/INC18007844/h4 ; 26/04/2018	Non-Reporting ltr (2nd):	
	GBF 5173X - X	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):	
		Call OI:	
	SJU2295Z Date of Loss: 03/11/2021 (TP)	After call ltr to OI:	
	Insurer: AIG Asia Pacific Insurance Pte. Ltd.		
	Repairer: Weng Kee Motor (HQ)	**Documentation Check List: Handler Typist**	
		Notification ltr (if non-pickup)	
	Please CONFIRM that this is NOT the same case you are creating.	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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

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: