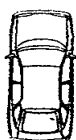


ASSIGNMENTSurveyor: XGQDOI: 18/11/2021Date / Time : 17/11/2021Registered in Merimen: 18/11/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GBF 5173XClaim No. : 9100083322SG

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ 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 2295ZINSRS:
WSP: Teamwork
Tel : Garage
Liability : Pte Ltd
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SJU 2295Z - CS/MSG16012536/Kgbn2 ; 05/07/2016</u>	Non-Reporting ltr (1st):	
	<u>NA/INC18007844/h4 ; 26/04/2018</u>	Non-Reporting ltr (2nd):	
	<u>GBF 5173X - X</u>	Non-Reporting ltr (Final):	
	<u>We have detected that there is already an active claim within 1 day of the Date of Loss.</u>	Notification ltr (if non-pickup):	
	<u>SJU2295Z Date of Loss: 03/11/2021 (TP)</u>	Call OI:	
	<u>Insurer: AIG Asia Pacific Insurance Pte. Ltd.</u>	After call ltr to OI:	
	<u>Reparer: Weng Kee Motor (HQ)</u>	Documentation Check List:	Handler Typist
	<u>Please CONFIRM that this is NOT the same case you are creating.</u>	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"/>
<u>02/03/2022</u>	<u>Pls refer to VIEWS for details.</u>	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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <u>L/sum</u>	\$S <u>4,600.00</u> (<u>4</u> days) Reduction: <u>59</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>02/03/2022</u> Confirm with <u>Darren</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	\$S <u>4,922.00</u>		
Loss of Rental (LOR):	\$S <u>700.00</u> (<u>5</u> days) x \$140.00		
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 <u>7.45</u>		
Medical:	\$S	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S	3) Survey fee: <u>\$320.00 + \$2.54 + \$2.54</u>	
Total:	\$S <u>5,629.45</u> Global Sum \$S: 5,600.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S <u>5,600.00</u> Name 1: <u>Teamwork Garage Pte Ltd</u>		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		