LKK:
IDAC:

INS. CASE OWNER:

CC4/AIG22000110/Bps3

ASSIGNMENT

Surveyor:	LTG	DOI:	04/01/2022	Date / Time :	04/01/2022
				Registered in Merimen:	04/01/2022

Pre-assign / CCU / FTE
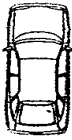
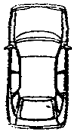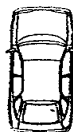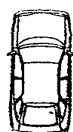| Insured Vehicle No.	:	GBJ 9351B	Claim No.	:
Name of Insured	:	PNH RESOURCES PTE LTD	Policy No.	:
Insured Tel No.	:	HP:	Make / Model	:
Excess Sec II :S$		D.O.A : 01/01/2022	Place of Accident :	
Is driver the owner?	(YES / NO)	Nature of Accident :		

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**

SMS 5726C ⟶   ⟶   ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: TEAM AUTOPRO	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SMS 5726C : X ; GBJ 9351B : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
10/01/2022	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
	*AIG repudiated claim	After call ltr to OI:	
	*Submit WP to AIG	**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:	

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

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: ERV S$ 5,997.00 (18 days) Reduction: 83 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with   Email ☐ Cal ☐

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 + LO ☐ [**Tick only one**]		
GIA/LTA Search	S$	Repudiated
Medical:	S$	1) Claim status: ~~Normal/Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $320.00 + $2.54
Total:	**S$** Global Sum S$:	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

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