

ASSIGNMENTSurveyor: **ADRIAN**DOI: **03.01.2023**Date / Time : **03.01.2023**Registered in Merimen: **20.01.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLS 2322R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **30.12.2022 13:20**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

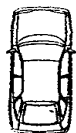
If NO, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : _____ %

Final ? Yes / No**SLL 6663S**

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLL 6663S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	STAGE	Created By	DATE / PIC
CC6/AIG20004018/Aba3q2	30/11/2020 SGK 4972C SLL 6663S 05/03/2020 30/11/2020	Non-Reporting ltr (1st):	NA/TM118022670/z4	20/12/2018
SLS 2322R - X	TOH TONG JUE (ZHUO TONGJUE) SLL 6663S GBG 7289C	Non-Reporting ltr (2nd):		20/12/2018 HZT
We have detected that there is already an active claim within 1 day of the Date of Loss.		Non-Reporting ltr (Final):		
SLL6663S Date of Loss: 30/12/2022 (TP)		Notification ltr (if non-pickup):		
Insurer: AIG Asia Pacific Insurance Pte. Ltd.		Call OI:		
Repaire: Cycle & Carriage Industries Pte Ltd (Pandan Loop)		After call ltr to OI:		
Please CONFIRM that this is NOT the same case you are creating.		Documentation Check List:	Handler	Typist
		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"/>
		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:	Confirm by:
Repair Cost: L/sum	S\$ 6,400.00	(6 days) Reduction: 72 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 28/06/2023	Confirm with Joanne	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 6,400.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 420.00 (\$ 60 x 7 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ 26.75		
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
Total:	S\$ 6,846.75	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 6,846.75	Name 1: HD PERFECT AUTOWORK PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	