

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **20.02.2023**Registered in Merimen: **20.02.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKX 3366T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A : **21/01/2023 00:00**Place of Accident : **CAUSEWAY TOWARD SINGAPORE CUSTOM**

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****SKH 6013B**INSRS:
WSP: **TROPICAL**
Tel : **TECH**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SKH 6013B - X			
SKX 3366T - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (1st):	
CS3/AIG21011037/Tcy3e2-1 17/10/2022 SMT 1484X SKX 3366T 26/10/2021 17/10/2022 NMY		Non-Reporting ltr (2nd):	
CS3/AIG21011037/V/f3q2 08/11/2021 SMT 1484X SKX 3366T 26/10/2021 09/11/2021 LST1		Non-Reporting ltr (Final):	
NBA/AIG21010987/Y 27/10/2021 SANGEETHA JOTHIRAMAN SMT 1484X SKX 3366T 26/10/2021 Non-Reporting		Notification ltr (if non-pickup):	
We have detected that there is already an active claim within 1 day of the Date of Loss.		Call OI:	
SKH6013B Date of Loss: 21/01/2023 (TP)		After call ltr to OI:	
Insurer: AIG Asia Pacific Insurance Pte. Ltd.		Documentation Check List:	Handler Typist
Repairer: Mova Automotive Pte Ltd (Bukit Merah)		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"/>
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: \$ \$ (_____ days) Reduction: % _____ Email <input type="checkbox"/> Call <input type="checkbox"/>			
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>			
Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____			
Repair Cost: \$ \$			
Loss of Rental (LOR): \$ \$ (_____ days)			
Loss of Use (LOU): \$ \$ (\$ _____ x _____ days)			
Loss of Income (LOI): \$ \$ (\$ _____ x _____ days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search \$ \$			
Medical: \$ \$		1) Claim status: Normal/Reject/Private Settle	
Disbursement: \$ \$ (e.g. Tow/ Independent)		2) Report Format:	
Legal Cost \$ \$		3) Survey fee:	
Total: \$ \$ Global Sum \$ \$:			
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>			
Payee 1: \$ \$ Name 1: _____			
Payee 2: (Strike if N.A.) \$ \$ Name 2: _____			
Payee 3: (Strike if N.A.) \$ \$ Name 3: _____			