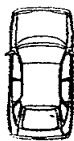


ASSIGNMENTSurveyor: **ADRIAN**DOI: **12/06/2023**Date / Time : **12/06/2023**Registered in Merimen: **21/06/2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBK 3580R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **01.06.2023 13:45**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

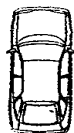
If NO, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

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

Insured Liability : _____ %

Final ? Yes / No**SNJ 7517L**INSRS:
WSP: **SM**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SNJ 7517L - X**GBK 3580R - X****STAGE****DATE / PIC****We have detected that there is already an active claim within 1 day of the Date of Loss.****SNJ7517L Date of Loss: 01/06/2023 (TP)****Insurer: AIG Asia Pacific Insurance Pte. Ltd.****Repairer: Progressive Car Care Pte Ltd (HQ)****Please CONFIRM that this is NOT the same case you are creating.*****AIG handle directly.*****SUBMIT WP TO AIG**

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

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:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: **L/SUM**S\$ **6,300.00** (**7** days) Reduction: **69** %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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: ~~Normal/Reject/Private Settle~~ **/WP**

2) Report Format:

TP

3) Survey fee:

\$250.00**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: