

INS. CASE OWNER:

CC 4 /AIG 2000 9300 / Uds3

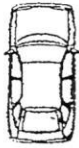
LKK:

IDAC:

ASSIGNMENT

Surveyor: MarcusDOI: 02/09/2020Date / Time : 02/09/2020Registered in Merimen: 02/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMT 6575J

Claim No. : _____

Name of Insured : TIAN ZHIHONG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 29/08/2020

Place of Accident : _____

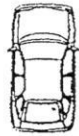
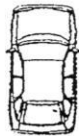
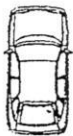
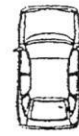
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SLZ 7337D

INSRS:
WSP: AIM
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLZ 7337D : X ; SMT 6575J : X	STAGE	DATE / PIC
		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: _____	Confirm with: _____	Confirm by: _____
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	Email ☐ Call ☐
Repair Cost: L/SUM	\$S 4,900.00 (4 days) Reduction: 61 %		
FINAL SETTLEMENT	Date/Time: <u>13/2/2022</u> Confirm with <u>AIM</u>	Email ☒ Call ☐	
Final Liability:	% <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	5,243.00 \$S 2,621.50		
Loss of Rental (LOR):	\$S (days)		
Loss of Use (LOU):	320.00 \$S 160.00 (\$80 x 4 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	1) Claim status: Normal/Reject/Private Settlement	
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S	3) Survey fee: <u>320.00</u>	
Total:	\$S 2,781.50 Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	\$S 2,781.50 Name 1: <u>Automobile Integrated Management Pte Ltd</u>		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		