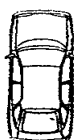


ASSIGNMENT CC4/AIG21001429/Upa3

Surveyor: MarcusDOI: 01/02/2021Date / Time : 29/01/2021Registered in Merimen: 29/01/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SMM 3270U

Claim No. : _____

Name of Insured : PAVNEET SINGH BEDI

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 28/01/2021 13:25Place of Accident : Tanjong Rhu Bridge going towards
Tanjong Rhu Road

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

If NO, Driver Name / Age :

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

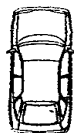
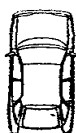
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SLE 7389P


 INSRs: Automobile
 WSP: Integrated
 Tel : Management
 Liability: Pte Ltd (aim).
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	SLE 7389P - X	SMM 3270U - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
13/04/2021	Pls refer to VIEWS for details.		Call OI:	
			After call ltr to OI:	
			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"/> <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: <u>L/sum</u> S\$ <u>3,300.00</u> (<u>4</u> days) Reduction: <u>70</u> %			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>13/04/2021</u> Confirm with <u>AIM</u>			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>			If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>3,531.00</u>				
Loss of Rental (LOR): S\$ (days)				
Loss of Use (LOU): S\$ <u>400.00</u> (\$ <u>100</u> x <u>4</u> 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\$				
Medical: S\$			1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)			2) Report Format: <u>TP</u>	
Legal Cost S\$			3) Survey fee: <u>\$320.00</u>	
Total: S\$ <u>3,931.00</u>	Global Sum S\$: <u>3,930.00</u>			
FINAL PAYMENT Date/Time:	Confirm with:		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ <u>3,930.00</u>	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:			