INS. CASE OWNER: KC. | CC4/AIS22007772/Aga3Apa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN   DOI: 17/8/22   Date / Time: 15/08/2022

Registered in Merimen: 15/08/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SLH 4056D   Claim No. :

Name of Insured : AMM LEASING PTE. LTD.   Policy No. :

Insured Tel No. :   HP: Make / Model : Honda Shuttle

Excess Sec II :S$ D.O.A : 03/08/2022 12:25   Place of Accident : OPEN AIR CARPARK IN FRONT OF YISHUN AVE 6 BLK 287

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

If **NO**, Driver Name / Age : KUO JENQ LII   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

SLF 4539M →

INSRS:	INSRS:	INSRS:	INSRS:	
WSP: SM	WSP:	WSP:	WSP:	
Tel : AUTOMOTIVE	Tel :	Tel :	Tel :	
Liability :	Liability :	Liability :	Liability :	
RMKS:	RMKS:	RMKS:	RMKS:	

Date/ Time	SLF 4539M - X	SLH 4056D - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
29/9/22	- Reject TP claim as per AIS		Notification ltr (if non-pickup):	
	instruction		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:	
	Reject Case		Car Rental Invoice:	
	By (staff) : Hsiao Tong		Towing Invoice	
	Approved by : YW		LTA / GIA :	
	Date : 30/09/22		Medical Bill:	
			PIR:	
			Mandate/Reject Instruction:	
			LOD	
			Payment Breakdown Form:	

PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Others:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LJSUM S$ 310.00 (3 days) Reduction: 73 %   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$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	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: