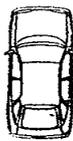|	LKK:
INS. CASE OWNER:	IDAC:

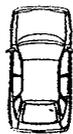**CC4/AIS23003736/pa3**

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **10.04.2023**

Registered in Merimen: **11.04.2023**
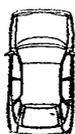
Pre-assign / CCU / FTE

Insured Vehicle No. : **SLS 7421E** Claim No. : _____

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

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **06/04/2023 11:00** Place of Accident : **Napier Rd, Singapore**

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

If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

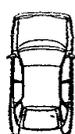Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : ____ % **Final ? Yes / No**

SHC 7623X ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS:	INSRS:		INSRS:	INSRS:
WSP: **CDGE**	WSP:		WSP:	WSP:
Tel : **LOYANG**	Tel :		Tel :	Tel :
Liability :	Liability :		Liability :	Liability :
RMKS:	RMKS:		RMKS:	RMKS:

Date/ Time		STAGE Created By	DATE / PIC
SHC 7623X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date		Non-Reporting ltr (1st):	
CC3/AIG14010837/H1wa3c3 23/07/2014 SHC 7623X SCJ 689A 07/06/2014 29/07/2014 HMK		Non-Reporting ltr (2nd):	
CC3/AXA13002929/H1hf3q2 10/05/2013 SHC 7623X SGW 289E 07/02/2013 20/05/2013 YSL		Non-Reporting ltr (Final):	
CC3/TMI20009057/T1sf3e2 06/10/2020 SHC 7623X SLK 6922A 25/08/2020 06/10/2020 IST		Notification ltr (if non-pickup):	
CC3/TMI20009057/T1tf3e2-1 09/09/2021 SHC 7623X SLK 6922A 25/08/2020 10/09/2021 ISR		Call OI:	
CS/TMI22004018/Tty3n2 27/05/2022 SHC 7623X SLJ 8488D 27/04/2022 30/05/2022 SIM		After call ltr to OI:	
NS/INC21006919/Ntcn2 09/07/2021 SHC 7623X SMP 4915X 17/06/2021 09/07/2021 FWL			

SLS 7421E - X

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: S$ _____ (_____ days) Reduction: _____ % 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:
Legal Cost	S$	3) Survey fee:
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:	