15/5/2010

INS. CASE OWNER: CC4/ASM21006480/Ags3

LKK:

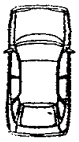
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 16/06/2021 Date / Time : 07/06/2021

Registered in Merimen: –

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 5050X Claim No. :

Name of Insured : NORIDAHWATI BINTE ABDUL RAZAK Policy No. :

Insured Tel No. : HP: Make / Model :

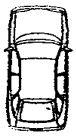
Excess Sec II :S$ D.O.A : 04/06/2021 Place of Accident : THE SAIL@MARINA BAY, 2 MARINA BOULEVARD CARPARK

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

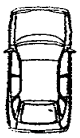
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

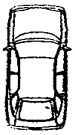
SMV 6314K → → →



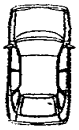
INSRS:
WSP: NEW ZEN WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMV 6314K : X	**STAGE** **DATE / PIC**
	SLP 5050X : NA/QBE19003036/z4 ; DOA : 16/02/2019	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
08/06/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER BY EMAIL	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
	TPV: MERCEDES BENZ C200 AMG - 1991cc	**Documentation Check List: Handler Typist**
		Notification ltr (if non-pickup)
		After call ltr to OI:
	CLAIMANT: SATAR ABDUL KADIR	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ $5,400.00 (3 days)	Reduction: $14,934.60 % 73	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/01/2022	Confirm with CHRIS	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,000.00	W/GST (AXA'S INSTRUCTION)	
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 300.00 ($ 100 x 3 days)		
Loss of Income (LOI):	S$ ☑ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[**Tick only one**]	
GIA/LTA Search	S$ 7.45		
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: $350.00
Total:	**S$** 5,307.45	**Global Sum S$:** 6,000.00 (AXA'S INSTRUCTION)	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Cal ☐
Payee 1:	S$ 6,000.00	Name 1:	NEW ZEN WERKZ PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		