

CL

CC 4, ASM 180 15296, Flwa3

LKK: 64690
IDAC:

Surveyor:

RA SMC

DOI:

23/8/18

Date / Time :

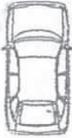
25/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE

FBF 299A

S8M00SWA



Insured Vehicle No. :

MD KHAIKURDIN ABU B. YAACOB

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

23/6/2018

Place of Accident :

TPE 7 CHANGAI AIRPORT

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

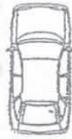
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

JRX 6476



INSRS:

WSP: Race works

Tel :

Liability :

RMKS:



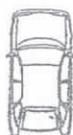
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	JRX 6476 - X ; FBF 299A - X	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)	<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"/>
FINALIZATION	Date/Time:	Confirm with:	Others: <input type="checkbox"/> <input type="checkbox"/>
Repair Cost:	S\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input 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:
Legal Cost	S\$		3) Survey fee:
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

22/03/2002

ASS. REC. BY:

REF: CS3 / ASM18015276 / R1246

Special Instruction:

Surveyor: Rasul ASSIGNMENT (Office)

From (Person): Lynthia Loh of ASM Date/Time: 21082018 4:49pm

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: JRX 6476 Insured: FBF 299A

at Workshop m/s Race Works Motor Tel: 6273 2203

of Blk 1008 Bukit Merah Lane 3 # 01-26

Policy No: _____ Claim No: S8M00SWA

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23062018
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp' H.O.D. Endorsement: _____

Date/Time: 23082018 1008am Person Contacted: Siew Hui Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	JRX 6476 - X
	FBF 299A - X

RB

(08/11/13)

Surveyor: *P. Ram*

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: JRX 6476
 at Workshop m/s RACE WORKZ
 of 1506 Bank Street Unit 3 #01-26
 Insured: ATA/PRS
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: JRX 6476 Yr Regn: 1
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: YAMAHA T135 c.c 135
 Colour: MULTI A/C: Insured / Std / NI / NA
 Sp.Reading: 36630 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: _____
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 70/90-17
 R: 90/80-17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or METZLER
 Front _____ Rear _____
 R/Bal. 3 mm R/Bal. 3 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 23/06/18 D.O.I. 23/08/18
 Survey held at RACE WORKZ
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>26/8/18</u>	<u>Submit PRS Report.</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

1) Date/Time, File Return to?
 2) _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Report Format : _____
 Lump Sum / I.B.I: (\$ _____)

Survey Fee:	
Transportation:	
_____ S + RS, _____ SI	
Photos	
Others	
TOTAL	