

ASS. REC. BY:

REF:

LPC/

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

100m

(Policy Condition)

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

Bal. or Market Value:

\$128k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SDV 8811K

Yr Regn:

04, 23

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota

c.c.

1598

Colour

M.P. White

A/C: Insured / Std / NI / NA

Sp. Reading

30200

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR 2BE 3B5 200021560

Gen. Cnd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

225/45R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

20/11/24

D.O.I.

28/11/2024

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Prell. Report



: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$

) S + RS. SI



: Interview (\$

) F. A/S



: Tech Invs (\$

) Others



: Weekend (\$

)

Report Format :

mp Sum / I.B.I: (\$

TOTAL

AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Autopoint Singapore 568047
TEL: 6483 1244 (4 lines) FAX: 6483 6170 Email: ahlimmc@singnet.com.sg
GST:M9-0009639-E RCB NO:06470300B

SURVEYOR COPY

M/S : TAN KAI MING (CHEN KAIMING)
1 NIM RISE

SINGAPORE 804420

ATTN:

Estimate No: MC1904710
Date: 26 Nov 2024
Policy No: MT/01489117
Veh Reg No: SDV8811K
Make/Model: TOYOTA COROLLA
ALTIS ELEGANCE
(AUTO)(2WD)

Your Ref No: SDV8811K
Claim Type: Third Party -> *compac*
Accident Date: 20/11/2024
TP Veh Reg No: GBL8086M

LKK
10am
Not Notified
Minor Repair
2 days

Estimate Repair Cost to Vehicle No :SDV8811K

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
SPARE PARTS			
1 FRONT GRILLE ASSY	1 PC	432.60	7
2 FRONT GRILLE BASE	1 PC	261.60	7
3 FRONT BUMPER	1 PC	565.70	7
4 FRONT BUMPER CLIPS	15 PC	<i>na</i> 57.00	✓
5 FRONT BUMPER LOWER AIR GRILLE	1 PC	<i>cm</i> 511.60	✓
6 FRONT BUMPER REINFORCEMENT	1 PC	663.50	7
7 FRONT BUMPER SPONGE	1 PC	125.30	7
		2,617.30	
	Less 25%	654.33	1,962.98
Special Nett			
8 NUMBER PLATE	1 PC	<i>net</i> 35.00	✓
		35.00	35.00
LABOUR			
9 TO DISMANTLE ALL DAMAGED PARTS. TO CUT & WELD . TO KNOCK & REPAIR INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	300.00	<i>200</i>
10 TO SPRAY FRONT BUMPER	1 PC	300.00	<i>200</i>
		600.00	600.00
		Total	S\$ 2,597.98
		Add GST @ 9%	233.82
		Total Amount Payable	S\$ 2,831.80

TOTAL: SINGAPORE DOLLAR TWO THOUSAND EIGHT HUNDRED THIRTY ONE AND CENTS EIGHTY ONLY

Please arrange this vehicle to be surveyed soonest possible.

Thank You

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

For AH LIM MOTOR COMPANY



AUTHORISED SIGNATURE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Actual Driver**.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	21/11/2024 17:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/11/2024 20:48 (SGT)
Exact Location of Accident	Sturdee Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV8811K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN KAI MING
NRIC No	SXXXX491B
Email Address	KAIMING@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-90218041
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS ELEGANCE (AUTO)(2WD)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598
Vehicle Fuel	Petrol
First Registration Date	26/04/2023
Chassis no	MR2BE3BE200021560
Effective Date/Time of Ownership	26/04/2023 08:04 (SGT)

INSURANCE COMPANY


Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01489117

DRIVER

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

