

REF: ICS / CS/ICS24080008/Kqp3

ASS. REC. BY:

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s Sh Lin

of _____

Insured: _____

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.Bal. or Market Value: B 47K

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 09 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

04/29

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKK 75062 Yr Regn: 09, 09Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Premio C.C. 1496Colour: M. Brown A/C: Insured / Std / NI / NASp. Reading: 189533 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: N 27260 3051874Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/70R14

R: _____

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 26/7/24

Survey held at

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 12/8/2024Des. 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

Kenneth finalised LS \$3350, 4 days (Red \$2438.03, 42%)

Data/Time, File Pass to?

☐ : Prel. Report

01/10 Typist

☐ : Final Report

Data/Time, File Return to?

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation: _____
S - RS. \$

Fees

Others

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format: MER-TP

Lump Sum 1.1B.1 (\$ 3350

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

Clear - 6/8

SURVEYOR COPY

M/S : LIM TECK GUAN
436B FERNVALE RD
#15-176
SINGAPORE 792436

Licc

Estimate No: MC1904463
Date: 29 Jul 2024
Policy No: P10082733R05
Veh Reg No: SKK7506Z
Make/Model: TOYOTA PREMIO 1.5F A

ATTN:

Your Ref No: SKK7506Z
Claim Type: Third Party → *buacc*
Accident Date: 26/07/2024
TP Veh Reg No: SLN7058Y

12/08

Not Authorized
1/1 Sing B
Resurvey After Paint
4 days

Estimate Repair Cost to Vehicle No :SKK7506Z

Description	Quantity	List Price S\$	Amount S\$
SPARE PARTS			
1 REAR BOOT	1 PC	<i>Pr</i> 1,536.80	✓
2 REAR BOOT EMBLEM	1 PC	<i>me</i> 84.10	✓
3 REAR BOOT PREMIO LOGO	1 PC	<i>me</i> 83.40	✓
4 REAR BOOT LAMP LH	1 PC	<i>CDR</i> 385.10	✓
5 REAR BUMPER	1 PC	<i>Bu</i> 2,282.80	✓
6 REAR BUMPER SIDE RETAINER LH & RH	2 PC	<i>su</i> 175.00	X
7 REAR BUMPER CLIPS	15 PC	<i>me</i> 82.50	✓
8 REAR END PANEL	1 PC	481.00	7
		5,110.70	
	Less 25%	1,277.68	3,833.03
Special Nett			
9 NUMBER PLATE	1 PC	<i>CM</i> 35.00	✓
10 REVERSE SENSOR	1 SET	<i>nsp</i> 200.00	X
		235.00	235.00
LABOUR			
11 TO REMOVE AND REINSTALL/REPLACE FRONT/REAR BUMPER SENSORS.	1 PC	<i>nu</i> 60.00	X
12 TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	60.00	301
13 TO DISMANTLE ALL DAMAGED PARTS.TO CUT & WELD END PANEL. TO KNOCK & REPAIR INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	800.00	4001
14 TO SPRAY REAR BOOT,REAR BUMPER,END PANEL.	1 PC	800.00	4001
		1,720.00	1,720.00

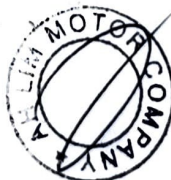
LKK Auto Consultants hence notify
the Repairer of the following:

- 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
- Supplemental item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:





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 29/07/2024 13:34 (SGT)
Reported by Actual Driver
Date of Accident 26/07/2024 06:40 (SGT)
Exact Location of Accident Upper Paya Lebar Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK7506Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM TECK GUAN
NRIC No SXXXX337H
Email Address EUGENE.EUGENA@GMAIL.COM
Mobile Phone No (Phone) +65-98193000
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Premio
Variant PREMIO 1.5F A
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 1496

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P10082733R05

DRIVER

Name of Driver LIM KENG SOON EUGENE
NRIC No SXXXX299H
Date Of Birth 19/08/1979
Occupation Indoor

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

