

22/03/2021

ASS. REC. BY

Assigner: Kenneth

REF CS/CTI20003723/Kyd3

Special Instruction:

ASSIGNMENT (Office)

From (Person): Adeline chng

of

CTI

Date/Time: 6/3/2020 @ 5:27pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLR 2757A

Insured:

SKN 648C

at Workshop m/s

Ah Lim Motor

Tel:

64831244

of

Blk 10 Amik Ind. Park 2A #01-09

Policy No:

Claim No: SNM20D201051/SKN648C/1RGNE

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 25/02/2020

CA / REV / REP. / REV 24 HRS

rup

H.O.D. Endorsement:

Date/Time: 9:29am @ 9/3/2020

Person Contacted:

Zila

Vehicle IN ☒ OUT

Date/Time

Action/Instruction Estimate ☒

SLR 2757A-X

SKN 648C-NA/CTI19018389/24

DOA: 5/9/2019

ASS. REC. BY:

REF:

CTF

Kenneth

ASSIGNMENT

From:

Date:

10/03/2020

Estimated Cost:

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

To Inspect Vehicle No:

SLR 2757A

at Workshop m/s

Ah Lim Motor

of

10 AMK Ind. park 2A # 01-09

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

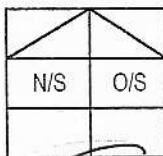
(Client's Record)

Make of Veh:

11-30am (waiting)

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.:

Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLR 2757A/r Regn: 08, 17

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

Truck / Trailer or

Make:

Toyota 1.8 1990

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

22645

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTEK33614X*0J000232

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:

235/55R18

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.

25/2/20

D.O.I.

10/3/20

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

1/10

Revert to OD Claim Attach Addendum & email

Submit \$1392-26 (Red \$1729-23, 55%)

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

1/10/20 Typist

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Report Format :

Lump Sum / L.B. (\$

Preli

TOTAL

Nivitha (LKK Auto)

From: Adeline Chng <adeline.chng@sg.cntaiping.com>
Sent: Friday, 6 March 2020 5:27 PM
To: assignments
Cc: Claims Dept of CTI; Irene Tay; Zila @ Ah Lim Motor Company
Subject: RE: OUR REF: SNM20D201051/SKN648C/IRENE - TP / OUR CLIENT SLR2757A DOA: 25/02/2020 POLICY NO. MT/00668567 YOUR INSURED SKN648C

Dear LKK

Please refer to below email and liaise with third party workshop.

Aside to irene, please assist to create merimen.

Thank you.

Adeline Chng
Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6155 | F: (65) 6225 5879

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

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From: Zila @ Ah Lim Motor Company [mailto:zila@ahlimmotor.com.sg]
Sent: Friday, 6 March 2020 5:19 PM
To: Adeline Chng <adeline.chng@sg.cntaiping.com>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Irene Tay <irene.tay@sg.cntaiping.com>
Subject: RE: OUR REF: SNM20D201051/SKN648C/IRENE - TP / OUR CLIENT SLR2757A DOA: 25/02/2020 POLICY NO. MT/00668567 YOUR INSURED SKN648C

Hi,

We choose Kenneth to be our surveyor.
Thanks.

Regards

Zila

Ah Lim Motor (AMK)

10 Ang Mo Kio Ind Pk 2A

#01-09 AMK AUTOPOINT

S568047

TEL: 64831244 Fax: 64836170

From: Adeline Chng <adeline.chng@sg.cntaiping.com>
Sent: Friday, 6 March 2020 5:14 PM
To: Zila @ Ah Lim Motor Company <zila@ahlimmotor.com.sg>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Irene Tay <irene.tay@sg.cntaiping.com>
Subject: RE: OUR REF: SNM20D201051/SKN648C/IRENE - TP / OUR CLIENT SLR2757A DOA: 25/02/2020 POLICY NO. MT/00668567 YOUR INSURED SKN648C

Without Prejudice

Our reference: SNM20D201051C02/ SKN648C/tayhp
Your reference: SLR2757A

Dear Sirs

ACCIDENT INVOLVING SKN648C & SLR2757A ON 25/02/2020

We refer to your email of 27/02/2020

Kindly note the following:-

1. We would like to conduct pre-repair survey of the vehicle at the appointed workshop.
2. We propose the following list of surveyors to be nominated as the Single Joint Expert to conduct survey of the claimant's vehicle:-

1. ADRIAN LING	6. KENNETH KONG
2. Kelvin Ang	7. SIMON HO
3. SEE CHEW SENG	8. CHUA WEIJIE
4. MOHD FADHILAH BIN OSMAN	9. MARCUS CHUA
5. XING QUO QIANG	10. HENRY NG

3. If we do not hear from you within two days of this letter, you shall have deemed to have agreed that the surveyor appointed by us shall be Single Joint Expert for this matter.
4. As per the NIMA Protocol, the survey by our appointed surveyor would include survey of your vehicle pre-repair, after it is dismantled, and post repairs. Hence, you need to provide us / our surveyors with the list of items that were damaged and required to be replaced or repaired to facilitate an effective survey.
5. As stated above, please inform us and our surveyor after the claimant's vehicle had been repaired so that our surveyor can carry out post repair inspection before the vehicle is returned to your client. Please co-ordinate with our surveyor immediately after the repair is completed.

If you have any queries, please contact Irene Tay at 63896192 and email us at claimsdept@sg.cntaiping.com

Thank you.

Adeline Chng
Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6155 | F: (65) 6225 5879

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平獅城 Taiping SG

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From: Zila @ Ah Lim Motor Company [<mailto:zila@ahlimmotor.com.sg>]
Sent: Friday, 6 March 2020 5:05 PM
To: Adeline Chng <adeline.chng@sg.cntaiping.com>
Subject: FW: OUR REF: SNM20D201051/SKN648C/IRENE - TP / OUR CLIENT SLR2757A DOA: 25/02/2020 POLICY NO. MT/00668567 YOUR INSURED SKN648C

forwarded

Hi Adeline,

Pls help me to conduct/assign surveyor for this case.
Thanks.

Regards

Zila

Ah Lim Motor (AMK)

10 Ang Mo Kio Ind Pk 2A

#01-09 AMK AUTOPOINT

S568047

TEL: 64831244 Fax: 64836170

From: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Sent: Thursday, 27 February 2020 3:17 PM
To: Irene Tay <irene.tay@sg.cntaiping.com>; Zila @ Ah Lim Motor Company <zila@ahlimmotor.com.sg>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Subject: OUR REF: SNM20D201051/SKN648C/IRENE - TP / OUR CLIENT SLR2757A DOA: 25/02/2020 POLICY NO. MT/00668567 YOUR INSURED SKN648C

Dear Irene,

Please conduct PRS for SLR2757A.

Note : officer in charge – Irene Tay 63896192.

***** Kindly quote our reference number when replying.**

Thank you,
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 63896116 | F: (65) 62247175

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平獅城 Taiping SG

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From: Zila @ Ah Lim Motor Company <zila@ahlimmotor.com.sg>
Sent: Thursday, February 27, 2020 9:47 AM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Cc: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Subject: TP / OUR CLIENT SLR2757A DOA: 25/02/2020 POLICY NO. MT/00668567 YOUR INSURED SKN648C

Hi Claims Dept,

Kindly arrange for the vehicle to be survey.
Note: Vehicle is not in - To be arrange.

Thanks.

Regards

Zila

Ah Lim Motor (AMK)

10 Ang Mo Kio Ind Pk 2A

#01-09 AMK AUTOPOINT

S568047

TEL: 64831244 Fax: 64836170

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 Authorised 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 Report	25/02/2020 17:09
Date Of Accident	25/02/2020 07:20
Exact Location Of Accident	JUNCTION OF SENGKANG EAST AVE & SENGKANG EAST DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2757A
Insured/Policyholder	
Name Of Registered Owner	MA JING
NRIC No	SXXXX496I
Email Address	DROGAN2CHINA@ALIYUN.COM
Mobile Phone No	(LOCAL) +65-81885896
Alternative Phone No	OTHERS-81885896

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 G GRADE (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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00668567
Cover Note Number	08/08/2019 - 07/08/2020

Driver

Name of Driver	MA JING
NRIC No	SXXXX496I
Date Of Birth	27/11/1972
Occupation	INDOOR
Date Of Driving Pass	17/05/2006
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81885896
Fax Number	
Contact Number	OTHERS-81885896
Email Address	DROGAN2CHINA@ALIYUN.COM

Address	BLK 273D PUNGGOL PLACE #13-894
Postcode	824273
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : MA XING YU GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO STATEMENT & SKETCH BY DRIVER

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN648C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including 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 Authorised 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. The 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 lodgment 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)**

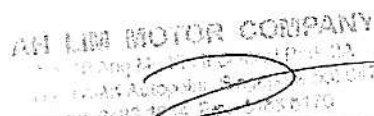
I understand, acknowledge, agree and consent that:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

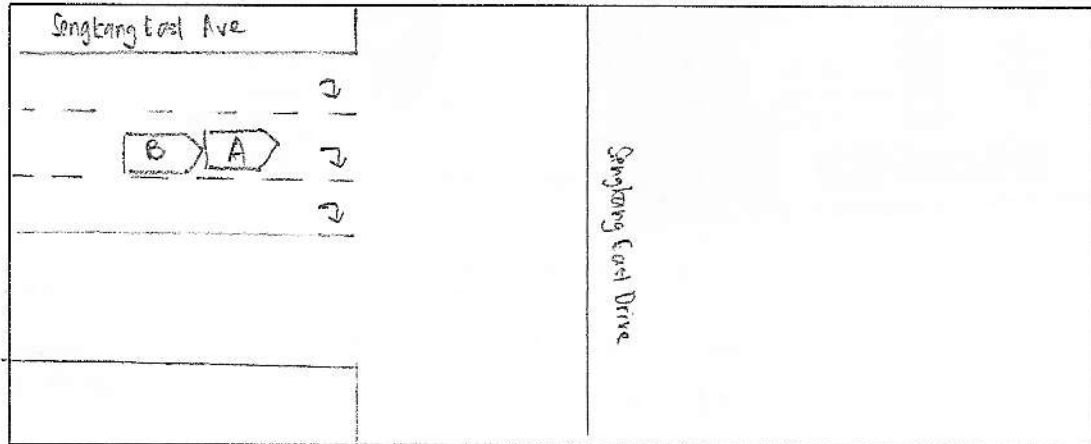


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 25/02/2020 Time: 7:20 am Location: Junction of Sengkang East Ave & Sengkang East Drive
 My Vehicle A: SLR2757A Vehicle B: SKN648C Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting along Sengkang East Ave waiting for the traffic light to turn green before turning into Sengkang East Drive. Out of a sudden, I felt an impact from my rear, and I got out of my vehicle and saw that vehicle B has hit onto the rear portion of my vehicle.

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address: dtogan2china@aliyun.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

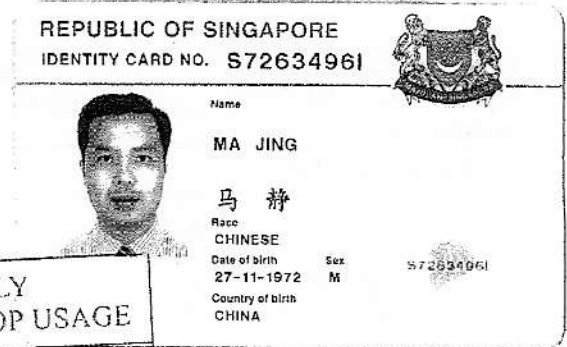
Driver's Signature
(If driver is not the policyholder)
Date & Time:

AH LIM MOTOR COMPANY
No. 10 Ang Mo Kio Industrial Park 2A
#01-00 AMK Autopoint, Singapore 568084
Tel: 6485 1214 Fax: 6485 1215

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

AH LIM MOTOR COMPANY

Sketch Plan Pg. 3



STRICTLY
FOR WORKSHOP USAGE

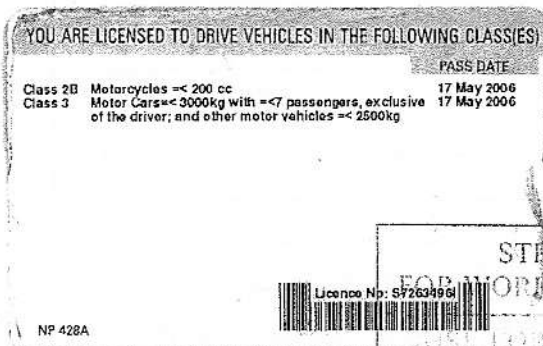
USE FOR ACCIDENT
REPORTING ONLY

2 Pax - MA XING YU (M)
Video - yes.
no injury.
clearly.

3rd party

~~Private~~
~~11-11-11~~

81885846



STRICTLY

FOR WORKSHOP USAGE

USE FOR ACCIDENT
REPORTING ONLY

**Contact us at**

Hotline: (65) 6532 2888

E-mail: CustomerService@DirectAsia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No. : MT/00668567
Type of Coverage / Driver Plan : Car Comprehensive (Value Plan)
Vehicle Registration No. : SLR2757A
Chassis No. : JTEKB3GHX0J000237
Name of Policy Holder : MA, JING
Effective Date / Time of Commencement of Insurance for the Purpose of the Act : 08/08/2019 00:00
Date/Time of Expiry of Insurance : 07/08/2020 23:59

Persons or Classes of Persons Entitled to Drive

a) Any person who is named on the policy who is driving on the Policyholder's permission.

The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.

Limitations as to use*

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.

Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

Insured : Market Value
Damage Excess : S\$ 800.00 (before any applicable GST)
Windscreen Excess : S\$ 100.00 (before any applicable GST)
Place of workshop : DirectAsia approved workshops
Finance company / Hire Purchase : UOB BANK
Named driver : MA, JING
Unnamed driver : None

Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver Named Driver to be covered. Any unnamed drivers will not be covered.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on: 15/07/2019

Edip Okur (Chief Underwriting Officer)

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	496I

Vehicle Details

Vehicle No.:	SLR2757A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	25 Feb 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER G GRADE
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	8ARZ088810
Chassis No.:	JTEKB3GHX0J000237
Maximum Power Output:	170.0 kW (227 bhp)
Open Market Value:	\$33,308.00
Original Registration Date:	08 Aug 2017
First Registration Date:	08 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$38,632.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Aug 2027
PARF Rebate Amount:	\$28,974.00

Intended COE Rebate Details

COE Expiry Date:	07 Aug 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,802.00
COE Rebate Amount:	\$37,110.00
Total Rebate Amount:	\$66,084.00

The information contained herein is correct as at 25 Feb 2020

OK

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 : MA JING
BLK 273D PUNGGOL PLACE
#13-894
SINGAPORE 824273

Estimate No: MC1901074
Date: 25 Feb 2020
Policy No: MT/00668567
Veh Reg No: SLR2757A
Make/Model: TOYOTA HARRIER G
GRADE

ATTN:

Your Ref No: -
Claim Type: Third Party
Accident Date: 25/02/2020
TP Veh Reg No: SKN648C

LKK
11:30

Not Authorized
Returning B&P paint

2 days

Estimate Repair Cost to Vehicle No :SLR2757A

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
SPARE PARTS			
1 REAR BUMPER	1 PC	700.70	✓
2 REAR BUMPER SIDE RETAINERS LH / RH	2 PC	141.60	X
3 REAR BUMPER CLIPS	15 PC	58.35	✓
4 REAR BUMPER LOWER GARNISH	1 PC	397.60	✓
5 REAR BUMPER REFLECTOR RH	1 PC	59.70	✓
6 REAR BUMPER SPONGE	1 PC	178.40	?
7 REAR END PANEL	1 PC	812.30	X
		2,348.65	
	Less 25%	587.16	1,761.49
Special Nett			
8 REVERSE SENSOR (ORIGINAL) - CHK PRICE	1 SET	0.0000	?
		0.00	0.00
LABOUR			
9 TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKETS AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS, TEST AND RECTIFY FOR PROPER FUNCTIONING.	1 PC	40.00	100
10 TO REMOVE AND REINSTALL/REPLACE FRONT/REAR BUMPER SENSORS.	1 PC	60.00	500
11 TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	60.00	X
12 TO DISMANTLE ALL DAMAGED PARTS. TO CUT & WELD REAR END PANEL TO KNOCK & REPAIR INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	600.00	2000
13 TO SPRAY TAILGATE, REAR BUMPER AND END PANEL	1 PC	600.00	2200
		1,360.00	1,360.00

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

Acknowledged by Repairer
Signature:
Date:



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 : MA JING
BLK 273D PUNGGOL PLACE
#13-894
SINGAPORE 824273

Estimate No: MC1901074
Date: 25 Feb 2020
Policy No: MT/00668567
Veh Reg No: SLR2757A
Make/Model: TOYOTA HARRIER G
GRADE

ATTN:

Your Ref No: -
Claim Type: Third Party
Accident Date: 25/02/2020
TP Veh Reg No: SKN648C

Estimate Repair Cost to Vehicle No :SLR2757A

Description	Quantity	List Price	Amount
		S\$	S\$
		Total	S\$ 3,121.49
		Add GST @ 7%	218.50
		Total Amount Payable	S\$ 3,339.99

TOTAL: SINGAPORE DOLLAR THREE THOUSAND THREE HUNDRED THIRTY NINE AND CENTS NINETY NINE ONLY

Please arrange this vehicle to be surveyed soonest possible.

Thank You

For AH LIM MOTOR COMPANY


AUTHORISED SIGNATURE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

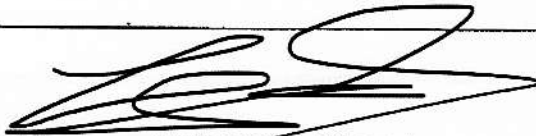
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MAHM20025050 Vehicle Registration No: SLR2757A
Name (as shown in NRIC) : MA JING NRIC/FIN/Passport No : S726346 I
(*Vehicle Driver / Vehicle Owner (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : 8188 5896 Mobile No.: _____
Email Address : _____
Date of Accident : 25/02/20 Time of Accident : _____
Place of Accident : Junction of Serangoon East Ave & Serangoon East Rd
Insurance Company: Direct Asia Insurance.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To revert to Own Damage claim.


Policyholder / Driver's Signature
Date: _____


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____