

ASS. REC. BY:

REF: CTZKenneth

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: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 01 days

Res.: Yes or No

Lum Sum: 1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SDU 1000KYr Regn: 12, 15

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

Truck / Trailer or _____

Make: Toy Wishc.c. 17P7Colour: M.P. White

A/C: Insured / Std / NI / NA

Sp. Reading: 123622

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 86 E206025992Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm 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 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 2/6/20D.O.I. 11/6/2020

Survey held at _____

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

Rear O/S door dented

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS. SI

Fees

Others

TOTAL

Add Fee: ☐

: Site Insp (\$ _____)

☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Report Format :

Lump Sum / I.B.I. (\$) _____

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

4/6/20
1 pm.

M/S : HO MEY SHU
BLK 727 YISHUN STREET 71 #08-85

SINGAPORE 760727

ATTN:

Your Ref No: -

Claim Type: Third Party

Accident Date: 02/06/2020

TP Veh Reg No: SKS8913H

Estimate No: MC1901224
Date: 05 Jun 2020
Policy No: 2019-V0110417-VDP
Veh Reg No: SDU1000K
Make/Model: TOYOTA WISH 1.8X A

Not Authorized
1 day

Estimate Repair Cost to Vehicle No :SDU1000K

Description	Quantity	List Price S\$	Amount S\$
LABOUR			
1 TO SPRAY REAR DOOR RH	1 PC	300.00	200/
		300.00	300.00
Total			S\$ 300.00
Add GST @ 7%			21.00
Total Amount Payable			S\$ 321.00

TOTAL: SINGAPORE DOLLAR THREE HUNDRED TWENTY ONE ONLY

Please arrange this vehicle to be surveyed soonest possible.

Thank You

For AH LIM MOTOR COMPANY



AUTHORISED SIGNATURE

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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:

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	05/06/2020 16:25
Date Of Accident	02/06/2020 14:15
Exact Location Of Accident	BLK 10 HAIG RD CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU1000K
Insured/Policyholder	
Name Of Registered Owner	HO MEY SHU
NRIC No	SXXXX774Z
Email Address	SHU-96779194@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96779194
Alternative Phone No	OTHERS-96779194

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X 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

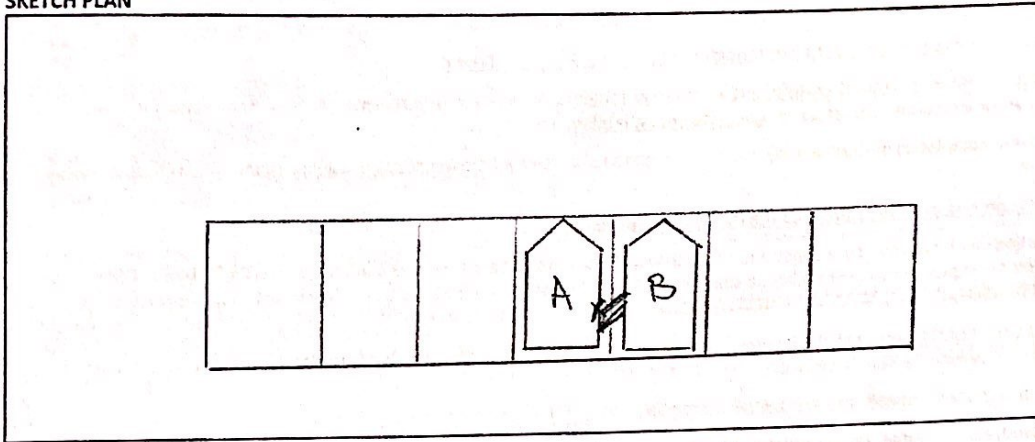
Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2019-V0110417-VDP
Cover Note Number	15/12/2019 - 14/12/2020

Driver

Name of Driver	HO MEY SHU
NRIC No	SXXXX774Z
Date Of Birth	10/11/1978
Occupation	INDOOR
Date Of Driving Pass	23/11/2000
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96779194
Fax Number	
Contact Number	OTHERS-96779194
EMail Address	SHU-96779194@HOTMAIL.COM

Sketch Plan Pg. 1

Date of accident: 02/06/2020 Time: 02:15 pm Location: BK 10 Haig rd car park
 My Vehicle A: SDU 1000K Vehicle B: SKS 8913H Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer to the Police Report NO
 6/20200602/1028*

☒ 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 :

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.

[Signature]
 Policyholder's Signature
 Date & Time:

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

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



AH LIM MOTOR COMPANY