

ASS. REC. BY:

REF:

FCZ/20009941/K

Kenneth

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:

1030-11cm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lump Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SLG 2939A

Yr Regn: 05, 12

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

Truck / Trailer or

Make:

Volkswagen

Polo

c.c.

1390

Colour:

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

133583

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVW 882 6R20Y 54370

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

215/45R17

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

3

mm

R/Bal.

4

mm

L/Bal.

3

mm

L/Bal.

4

mm

D.O.A.

13/9/20

D.O.I.

18/9/2020

Survey held at

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

O/S 1st

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

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

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

SURVEYOR COPY

M/S : LIN WEILIANG
BLK 118 EDGEFIELD PLAINS
#02-304
SINGAPORE 820118

Estimate No: MC1901412
Date: 16 Sep 2020
Policy No: MT/00437885
Veh Reg No: SLG2939A
Make/Model: VOLKSWAGEN POLO 1.4 GTI AT

ATTN:

1030-11

Your Ref No: SLG2939A
Claim Type: Third Party → 1st car
Accident Date: 13/09/2020
TP Veh Reg No: SHC1977P

Not Authorized
11 By 8
Repairing After Paint 4 days

Estimate Repair Cost to Vehicle No :SLG2939A

Description	Quantity	List Price S\$	Amount S\$
SPARE PARTS			
1 FRONT WINDSCREEN MOULDING RH	1 PC	nn 760.95	X
2 A-PILLAR RH	1 PC	n 1,212.15	X
3 FRONT FENDER RH	1 PC	n 478.45	✓
4 FRONT FENDER COWLING CLIPS	8 PC	nn 20.00	X
5 FRONT DOOR RH	1 PC	n 1,677.95	X
6 SIDE MIRROR ARM + MOTOR RH	1 PC	cm 575.95	✓
7 SIDE MIRROR GLASS RH	1 PC	sn 174.15	X
8 SIDE MIRROR SIGNAL LAMP RH	1 PC	sn 72.35	X
9 SIDE MIRROR COVER RH	1 PC	cm 151.75	✓
10 SIDE MIRROR GARNISH	1 PC	sn 25.75	X
		5,149.45	
	Less 10%	514.95	4,634.51
Special Nett			
11 ERP SEALANT	1 PC	nn 15.00	X
12 INNER SEAL	1 PC	nn 20.00	X
13 WINDSCREEN SEALANT	1 PC	nn 40.00	X
		75.00	75.00
LABOUR			
14 TO CHECK AND RE-ADJUST WHEEL ALIGNMENT.	1 PC	nn 80.00	X
15 TO REMOVE AND REINSTALL/REPLACE FRONT/REAR WINDSCREEN.	1 PC	nn 120.00	X
16 TO DISMANTLE AND TRANSFER DOOR FITTINGS AND MECHANISM SUCH AS POWER WINDOW MOTOR AND REGULATOR TO NEW DOOR/FACILITATE REPAIR.	1 PC	nn 120.00	X
17 LABOUR TO RESET ENGINE MANAGEMENT SYSTEM WITH DIAGNOSTIC FAULT	1 PC	nn 120.00	X
18 TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	60.00	300
19 TO DISMANTLE ALL DAMAGED PARTS.TO CUT & WELD A-PILLAR RH.TO KNOCK & REPAIR FRT FENDER INNER PANELS RH AND AFFECTED AREAS.TO REFIT LISTED PARTS BACK SAME.	1 PC	500.00	400
20 TO SPRAY FRONT FENDER RH,FRONT DOOR RH,A-PILLAR RH,SIDE MIRROR COVER RH.	1 PC	600.00	550
		1,600.00	1,600.00

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:



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	14/09/2020 13:49
Date Of Accident	13/09/2020 10:45
Exact Location Of Accident	PAYA LEBAR DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2939A
Insured/Policyholder	
Name Of Registered Owner	LIN WEILIANG @ MASARAT LOUIS LIN
NRIC No	SXXXX079A
Email Address	LOUISRONG61@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97867666
Alternative Phone No	OTHERS-97867666

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO-1.4 GTI (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/00437885
Cover Note Number	07/12/2019 - 06/12/2020

Driver

Name of Driver	LIN WEILIANG @ MASARAT LOUIS LIN
NRIC No	SXXXX079A
Date Of Birth	20/07/1983
Occupation	INDOOR
Date Of Driving Pass	15/10/2003
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97867666
Fax Number	
Contact Number	OTHERS-97867666
EMail Address	LOUISRONG61@GMAIL.COM

Address 118 EDGEFIELD PLAINS
#02-304
Postcode 820118
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 - OPENING DOOR OF VEHICLE
Weather Conditions RAINING
Road Surface WET

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) 4

Passenger 1
NAME: : SUCI
GENDER: : FEMALE
Passenger 2
NAME: : UNKNOWN PASSENGER
GENDER: : FEMALE
Passenger 3
NAME: : UNKNOWN PASSENGER
GENDER: : FEMALE

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

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

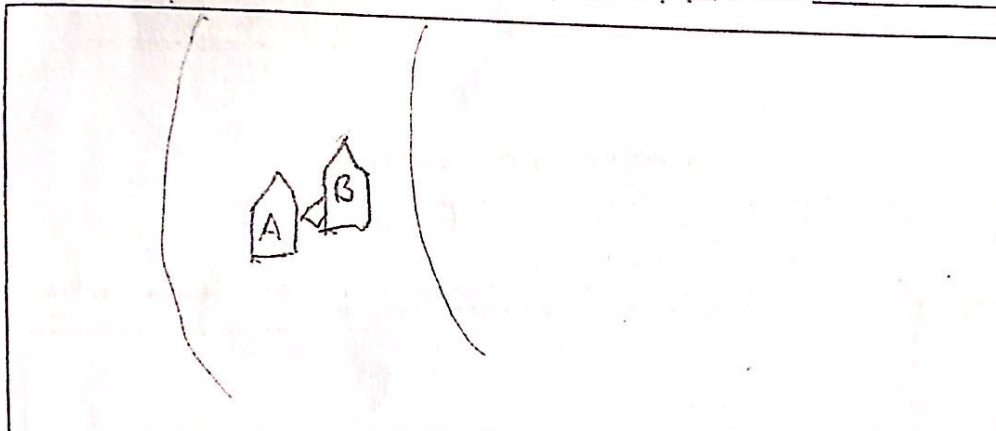
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1977P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number

Sketch Plan Pg. 2

Date of accident: 13/09/2020 Time: 1045 Location: Pava Lebur drop off point
 My Vehicle A: SLG29378 Vehicle B: JHC1977P Vehicle C: 1
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Passenger from Taxi open left back door and hit my right mirror and the portion in front the mirror is dented

☒ 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 : Louising61@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you 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:

SIARAC Sketch Plan Form v3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



AH LIM MOTOR COMPANY