

ASS. REC. BY:

REF:

AKG/210029361K

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:

(Policy Condition)

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

Bal. or Market Value:

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.B./%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMQ 191M

Yr Regn:

10, 19

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

Truck / Traller or

Wagon

Make:

Honda Civic

c.c

1498

Colour

M. Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

39587

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GB5

1122322

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

6

mm

L/Bal.

4

mm

L/Bal.

6

mm

D.O.A.

1/3/21

D.O.I.

8/3/2021

Survey held at

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

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

Date / Time

Action / Instruction

OPC

Data/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Data/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

), Extras

), 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: ahlmmc@singnet.com.sg
GST:M9-0009639-E RCB NO:06470300B

SURVEYOR COPY

M/S : RAZALI BIN MASUDI
483 ADMIRALTY LINK
#02-21
SINGAPORE 750483

ATTN:

Your Ref No: SMQ191M
Claim Type: Third Party → MG
Accident Date: 01/03/2021
TP Veh Reg No: GBC6563M

Estimate No: MC1901794
Date: 03 Mar 2021
Policy No: GA508474
Veh Reg No: SMQ191M
Make/Model: HONDA FREED 1.5G
CVT

Not Wharfed
Re survey B4 point

2 days

Estimate Repair Cost to Vehicle No :SMQ191M

Description	Quantity	List Price	Amount
		SS	SS
SPARE PARTS			
1 FRONT BONNET LOCK	1 PC	153.20	X
2 FRONT GRILLE ASSY	1 PC	580.00	✓
3 HEADLAMP RH	1 PC	1,350.00	✓
4 HEADLAMP LOWER BEAM RH	1 PC	36.50	X
5 FRONT BUMPER	1 PC	1,050.00	✓
6 FRONT BUMPER TOW COVER	1 PC	15.40	?
7 FRONT BUMPER LOWER GRILLE	1 PC	165.00	X
8 FRONT BUMPER SIDE RETAINER RH	1 PC	19.50	X
9 FRONT BUMPER CLIPS	12 PC	42.00	✓
10 FRONT BUMPER REINFORCEMENT	1 PC	295.00	?
11 AIR GUIDE RH	1 PC	35.20	?
		3,741.80	
	Less 20%	748.36	2,993.44
Special Nett			
12 NUMBER PLATE	1 PC	35.00	✓
		35.00	35.00
LABOUR			
13 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	201
14 TO ARRANGE, SUPPLY AND SEAL OFF PEAK CAR REGISTRATION PLATE INCLUDING INSPECTION FEES BY THE LAND TRANSPORT AUTHORITY.	1 PC	60.00	✓
15 TO DISMANTLE ALL DAMAGED PARTS. TO CUT & WELD. TO KNOCK & REPAIR FRONT BONNET, FRONT INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	400.00	2501
16 TO SPRAY FRONT BONNET, FRONT BUMPER.	1 PC	400.00	2001
		900.00	900.00

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:



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 Submission 03/03/2021 13:37 (SGT)
Date of Accident 01/03/2021 13:55 (SGT)
Exact Location of Accident 484A Admiralty Link, Singapore 751484
Additional Location Information MSCP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ191M
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner RAZALI BIN MASUDI
NRIC No SXXXX078J
Email Address RAZALIMASUDI69@GMAIL.COM
Mobile Phone No (Phone) +65-92722147
Alternative Phone No +65-92722147

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
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

INSURANCE COMPANY

Name of Insurance Company Axa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA508474
Cover Note Number 25/10/2020 - 24/10/2021

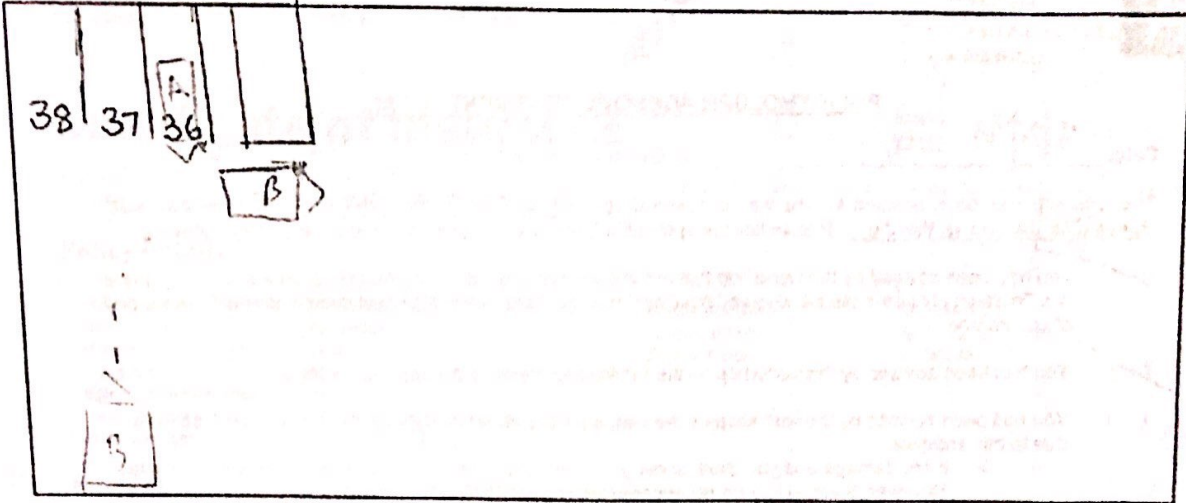
DRIVER

Name of Driver RAZALI BIN MASUDI
NRIC No SXXXX078J
Date Of Birth 21/04/1958
Occupation Indoor

4844 Admiralty Link

Date of accident: 1-3-21 Time: 1:55 PM Location: M.S.C & SB 26
My Vehicle A: SMQ 191M Vehicle B: GBC 6563 M Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 1-3-21, I parking my vehicle at lot 36. While parking vehicle B from the ramp, driver very fast & hit into my car. NO one is injured.

☒ 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 :

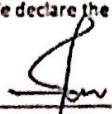
& myself :

Email address :


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

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


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

AH LIM MOTOR COMPANY