

ASS. REC. BY:

REF:

C72/21003047/Kg d3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SMJ 987X

at Workshop m/s

of

Insured: GBH 7171C

Policy No. SNM21D201280/C02

Claims No.

Sum Insured:

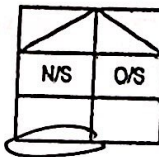
Excess:

(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 Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 4/30 Person Contacted:

Vehicle: IN / OUT

Veh No:

SMJ 987X

Yr Regn:

05, 10

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

Truck / Trailer or

Make:

Volkswagen Golf

c.c

1884

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

188433

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVW ZZZ1KZAW 318708

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/40R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

7

mm

L/Bal.

8

mm

L/Bal.

7

mm

D.O.A.

4/3/21

D.O.I.

9/3/2021

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

17/03/21 @ 5.26PM REVISED TO PAULINE THAM VIA MERIMEN.

Date/Time, File Pass to?

☐

: Prell. 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

LP 9/3/21 10:30 am
SURVEYOR COPY

M/S : HUO HUI JUN
BLK 455A ANG MO KIO STREET 44
#30-09
SINGAPORE 561455

Estimate No: MC1901798
Date: 05 Mar 2021
Policy No: GA438404
Veh Reg No: SMJ987X
Make/Model: VOLKSWAGEN GOLF R
2.0L 5DR 5K1RX7

ATTN:

Your Ref No: -
Claim Type: Third Party
Accident Date: 04/03/2021
TP Veh Reg No: GBH7171C

Not Notified
1/1mp @
Repair After Paint 2 days

Estimate Repair Cost to Vehicle No :SMJ987X

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
SPARE PARTS			
1 REAR BUMPER	1 PC	<i>CM</i> 2,293.15	<i>✓</i>
2 REAR BUMPER LOWER GARNISH LH	1 PC	999.35	<i>7</i>
3 REAR BUMPER LOWER GARNISH REFLECTOR LH	1 PC	<i>CM</i> 66.90	<i>✓</i>
4 REAR BUMPER SIDE RETAINER LH & RH	2 PC	<i>in</i> 93.50	<i>X</i>
5 REAR BUMPER CENTRE RETAINER	1 PC	<i>in</i> 112.45	<i>X</i>
6 REAR BUMPER CLIPS	12 PC	<i>in</i> 30.00	<i>✓</i>
7 REAR BUMPER REINFORCEMENT	1 PC	606.05	<i>7</i>
8 REVERSE SENSOR LH INNER & OUTER	2 PC	<i>in</i> 389.50	<i>X</i>
9 REVERSE SENSOR HOLDER	4 PC	129.00	<i>7</i>
		4,719.90	
	Less 10%	471.99	4,247.91
Special Nett			
10 REAR VIEW CAMERA -CHECK PRICE	<i>in</i> 1 PC	0.0000	<i>X</i>
11 REAR BUMPER LOWER GARNISH COVER LH -CHECK PRICE	1 PC	0.0000	<i>7</i>
12 NUMBER PLATE	1 PC	<i>in</i> 35.00	<i>2000</i>
		35.00	35.00
LABOUR			
13 TO REMOVE AND REINSTALL/REPLACE REAR VIEW CAMERA	1 PC	60.00	<i>600</i>
14 TO REMOVE AND REINSTALL/REPLACE REAR BUMPER SENSORS.	1 PC	60.00	<i>600</i>
15 TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	<i>in</i> 60.00	<i>X</i>
16 TO DISMANTLE ALL DAMAGED PARTS. TO KNOCK & REPAIR END PANEL, REAR INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	400.00	<i>2000</i>
17 TO SPRAY REAR BUMPER, END PANEL	1 PC	400.00	<i>2000</i>
		980.00	980.00

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 Submission 05/03/2021 16:01 (SGT)
Date of Accident 04/03/2021 18:00 (SGT)
Exact Location of Accident Bukit Merah, Singapore
Additional Location Information FILTER LANE EXITING TO BUKIT MERAH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ987X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HUO HUI JUN
NRIC No SXXXX583E
Email Address JONATHANMANHK@GMAIL.COM
Mobile Phone No (Phone) +65-86882901
Alternative Phone No +65-81288877

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model GOLF R 2.0L 5DR 5K1RX7
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 GA438404
Cover Note Number -

DRIVER

Name of Driver MAN HOE KEUNG, JONATHAN
NRIC No SXXXX080A
Date Of Birth 08/01/1982
Occupation Indoor

Date Of Driving Pass	14/02/2003
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81288877
Alt. Phone Number	-
Email Address	JONATHANMANHK@GMAIL.COM
Address	BLK 455A ANG MO KIO STREET 44 #30-09
Address complement	-
Postcode	561455
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED 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	GBH7171C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MAJEDUL
Passport No/FIN	GXXXX794X
Contact Number	(Phone) +65-91403506
Address	-
Address complement	-
Postcode	-

Date of accident: 4th Mar '21 Time: 1800hrs Location: Filter Lane Exit to Bukit Merah
My Vehicle A: SMJ989X Vehicle B: GBH7171 Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving Car A, waiting in the filter lane, as a bus is approaching.
Car B did not stop and bang into my car.

Policy No. VAL/GA438A04

Car B.

GBH7171

1 Name of Driver: MATEDUL

FIN: G7291794X

Work Permit No. 06H49798

EMPLOYER: LIANG MA MAINTENANCE PTE. LTD.

TEL: 91403506

☒ 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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 5/3/21 / 3pm

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



AH LIM MOTOR COMPANY