ASS. REC. BY: Kenneth

REF: AIG/2103613/Kp

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Ah Ling

of Sin Ming

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10cm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted _____ Vehicle: IN / OUT

Veh No SLA 6309 Z Yr Regn: 03, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Altis (A) c.c 1598

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 114890 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053REH104548229

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: Pir 205/55R16

R: Viking

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	7 mm	R/Bal.	9 mm
L/Bal.	7 mm	L/Bal.	5 mm
D.O.A.	17/3/21	D.O.I.	24/3/2021

Survey held at _____

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

N/S Rear body

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking _____

Others _____

TOTAL _____

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AH LIM MOTOR COMPANY

176 Sin Ming Drive #03-12 Sin Ming Autocare Singapore 575721
TEL: 6456 3637 FAX: 6456 3686 Email: admin@ahlim.com.sg
GST:M9-0006394-E RCB NO:064703001

SURVEYOR COPY

M/S : RAVINDRAN S/O MUNIAN
BLK 82 WHAMPOA DRIVE #12-977
320082

ATTN:
Your Ref No: SLA6309Z
Claim Type: Third Party
Accident Date: 17/03/2021
TP Veh Reg No: SMH9837Y

Estimate No: MCS1900411
Date: 18 Mar 2021
Policy No: P10148154R02
Veh Reg No: SLA6309Z
Make/Model: TOYOTA ALTIS

Not Authorised
Lifting &
Reaming After Paint

4 days

Estimate Repair Cost to Vehicle No :SLA6309Z

	Description	Quantity	List Price S$	Amount S$
	SPARE PARTS			
1	REAR DOOR LH	1 PC	1,248.50	
2	REAR DOOR LH TAPE	1 PC	53.50	
3	RR ALLOY RIM LH	1 PC	2,010.70	
			3,312.70	
		Less 25%	828.18	2,484.53
	LABOUR			
4	TO DISMANTLE AND INSTALL REAR DOOR LH, TRANFER DOOR INNER PARTS, GLASS AND WIRING HARNESS	1 PC	80.00	60
5	TO CARRYING OUT WHEEL ALIGNMENT	1 PC	70.00	60
6	TO KNOCK AND REPAIR REAR FENDER LH AND REFIT LISTED LISTED PARTS BACK SAME	1 PC	400.00	
7	TO SPRAY REAR DOOR LH REAR FENDER LH AND REAR BUMPER	1 PC	600.00	
			1,150.00	1,150.00
			Total	S$ 3,634.53
			Add GST @ 7%	254.42
			Total Amount Payable	S$ 3,888.95

TOTAL: SINGAPORE DOLLAR THREE THOUSAND EIGHT HUNDRED EIGHTY EIGHT AND CENTS NINETY FIVE ONLY

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 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:

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BY: GERALD CHEW
(18/03/2021 11:41 (SGT))

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 witholding 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	18/03/2021 11:41 (SGT)
Date of Accident	17/03/2021 11:15 (SGT)
Exact Location of Accident	22 Sin Ming Ln, Singapore 573969
Additional Location Information	22 SIN MING LANE (DRIVEWAY NEAR 2ND EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6309Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAVINDRAN S/O MUNIAN
NRIC No	SXXXX704H
Email Address	RAVI_KISTLER@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81337230
Alternative Phone No	(Office) +65-81337230

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10148154R02
Cover Note Number	09/03/2021 TO 08/03/2022

DRIVER

Name of Driver	RAVINDRAN S/O MUNIAN
NRIC No	SXXXX704H
Date Of Birth	30/07/1974
Occupation	Indoor

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SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.
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

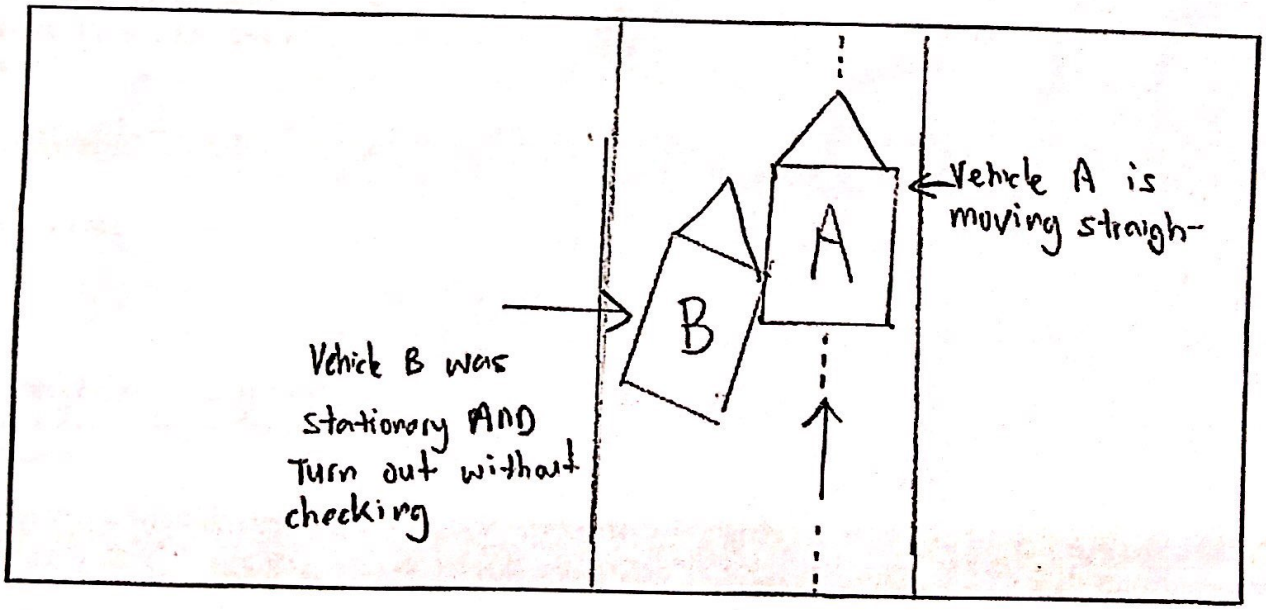
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

Sketch Plan



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

17/03/2021

AM LIMA MOTOR COMPANY

Date of accident: 17/Mar21 Time: 11:15am Location: Sm Mng Lane

My Vehicle A: SLA63092 Vehicle B: SMH 9837Y Vehicle C:

SKETCH PLAN

Describe Circumstances of the Accident.

I was driving in mrdvrew city. As I was driving the car SMH 9837Y was stationary with its hazzard light on. As I drove pass. The car suddenly moved towards right as he was at the extreme left side of the road where he was parked. The vehicle suddenly turned towards the right and bang into the rear left door as I was passing his car.

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.

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

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

Witnessed by Reporting Centre Personnel

AH LIM MOTOR CO. * SIN MING *

17/03/2021

AH LIM MOTOR COMPANY

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