

ASS. REC. BY:

REF: AG / 2100 44841kp

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Ah Lim

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

3pn

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1.131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: STF 581514 Yr Regn: 06, 08

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

Truck / Trailer or MPV

Make: Toyota c.c. 1794

Colour: Dark Blue AC: Insured / Std / NI / NA

Sp. Reading: 165587 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ENE10 0374473

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 1/4/21

D.O.I. 12/4/2021

Survey held at _____

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

R/N N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>295.00</u>

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

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

SURVEYOR COPY

M/S : SIM CHENG HUAT
 310 HOUGANG AVE 5
 #08-259
 SINGAPORE 530310

*L1C1E
 3PM*

Estimate No: MC1901873
 Date: 08 Apr 2021
 Policy No: P10066276R02
 Veh Reg No: SJF5815H
 Make/Model: TOYOTA WISH 1.8X LIMITED A

ATTN:

Your Ref No: SJF5815H
 Claim Type: Third Party *2 AG*
 Accident Date: 01/04/2021
 TP Veh Reg No: SMS597R

*Not Notified
 Repair After Paint
 1 day*

Estimate Repair Cost to Vehicle No :SJF5815H

Description	Quantity	List Price	Amount
		SS	SS
SPARE PARTS			
1 HEADLAMP LH	1 PC	<i>sm</i> 1,211.00	X
2 HEADLAMP LOWER BEAM LH	1 PC	<i>sm</i> 161.00	X
3 RADIATOR GRILLE	1 PC	<i>sm</i> 148.40	X
4 RADIATOR GRILLE CLIP	2 PC	<i>un</i> 39.80	X
5 FRONT BUMPER	1 PC	<i>h</i> 601.90	X
6 FRONT BUMPER LOWER GRILLE	1 PC	<i>sm</i> 165.40	X
7 FRONT BUMPER SIDE RETAINER LH	1 PC	<i>sm</i> 62.80	X
8 FRONT BUMPER CLIPS	12 PC	<i>un</i> 50.40	X
9 FRONT BUMPER SPONGE	1 PC	<i>h</i> 128.20	X
10 FRONT BUMPER REINFORCEMENT	1 PC	<i>h</i> 336.30	X
11 FOGLAMP COVER LH	1 PC	<i>sm</i> 49.60	X
		2,954.80	
	Less 25%	738.70	2,216.10
Special Nett			
12 NUMBER PLATE	1 PC	<i>Del</i> 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	<i>1d</i>
14 TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	<i>un</i> 30.00	X
15 TO DISMANTLE ALL DAMAGED PARTS. TO CUT & WELD. TO KNOCK & REPAIR FRONT INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	300.00	<i>5d</i>
16 TO SPRAY FRONT BUMPER	1 PC	250.00	<i>20d</i>
		620.00	620.00



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	06/04/2021 18:26 (SGT)
Date of Accident	01/04/2021 19:15 (SGT)
Exact Location of Accident	925 Yishun Central 1, Singapore 760925
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5815H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SIM CHENG HUAT
NRIC No	SXXXX046D
Email Address	ALVINSIM65@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91111950
Alternative Phone No	+65-91111950

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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
Transmission	Auto
CC	1794

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10066276R02
Cover Note Number	-

DRIVER

Name of Driver	SIM CHENG HUAT
NRIC No	SXXXX046D

 Accident report SA1921460008

Date Of Birth 20/08/1964
 Occupation Indoor
 Date Of Driving Pass 18/06/1988
 Driving experience 32 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91111950
 Alt. Phone Number +65-91111950
 Email Address ALVINSIM65@HOTMAIL.COM
 Address 310 HOUGANG AVE 5
 Address complement #08-259
 Postcode 530310
 Is the driver the policyholder? Yes
 If No, Relationship of the Driver with the Insured -
 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 Hit and run / Vandalism / Damaged whilst parked
 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) 0
 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? Yes
 Police Station Name Traffic Police
 Police Station Phone No (Phone) +65-65470000
 Alt. Police Station Phone No (Fax) +65-65474900
 Police Station Address 10 Ubi Avenue 3 Singapore 408865
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

ATTACHMENT(S)

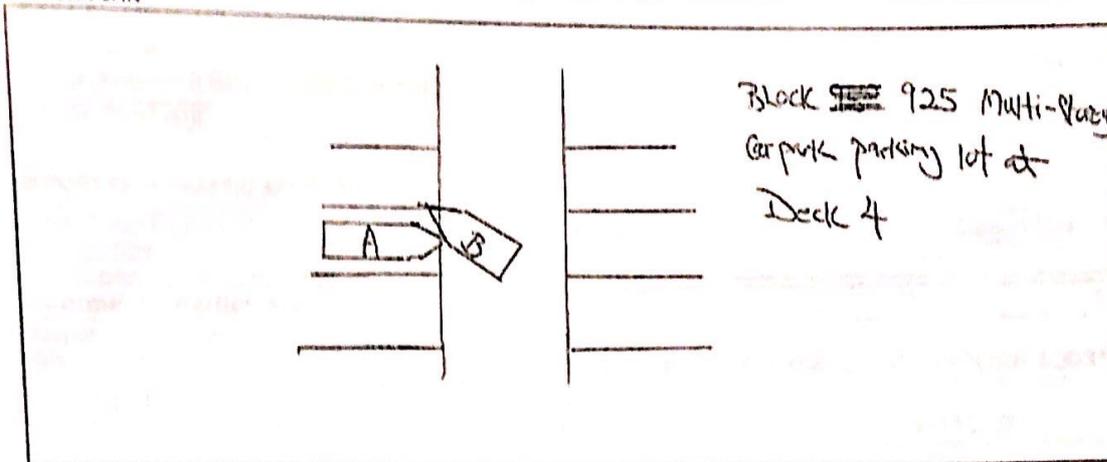
Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident WITH OWNER
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMS597R
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -

Date of accident: 01 Apr 2021 Time: 7.15 PM Location: Block 925 Fishun Central 1 (Multi-Storey Carpark)
 My Vehicle A: STF 5815H Vehicle B: SMS 59TR Vehicle C: ---

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1 Apr 2021 about 6.15 PM, I parked my car (STF 5815H) at Level 4 Multi-Storey car park of Block 925 Fishun Central 1 (opposite North Point City) before I proceeded for my dinner and shopping.

At about 9.15 pm, when I returned to my car, I noticed there was a big patch of blue paint

Please refer to my police report no: T/20210402/701P.

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.

af 06/04/2021 1650H
 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