

ASS. REC. BY:

REF: AG/21006682/kp

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop n/s Ah Lim

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

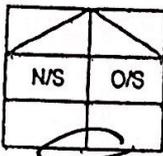
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

04/28

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SJE 5935A Yr Regn: 04, 0P

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

Truck / Trailer or

Make: Toy Vios c.c. 1497

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 214731 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MR05314Y9305058651

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modf: Nil / SRim / STD A/Rim or

Tyre Size: F: 185/60R15  
R: \_\_\_\_\_

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

TOYO / YOKO or

Tourado

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 10/6/21

D.O.I. 15/6/2021

Survey held at \_\_\_\_\_

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

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

Date / Time Action / Instruction

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. \$

Fixtures

Others

TOTAL

Add Fee:  : Site Insp (\$ )

: Interview (\$ )

: Tech Invs (\$ )

: Weekend (\$ )

Report Format :

Lump Sum / I.B.I: (\$ )

# AH LIM MOTOR COMPANY

176 Sin Ming Drive #05-12 Sin Ming Autocare Singapore 575721  
 TEL: 6456 3637 FAX: 6456 3686 Email: admin@almsm.com.sg  
 GST:M9-0009639-E RCB NO:06470300B

**SURVEYOR COPY**

**M/S:** HAN YEW CHIONG  
 29 MILTONIA CLOSE #02-19  
 768062

**Estimate No:** MCS1900452  
**Date:** 10 Jun 2021  
**Policy No:** P10162592R02 S  
**Veh Reg No:** SJE5935A  
**Make/Model:** TOYOTA VIOS

**ATTN:**  
**Your Ref No:** SJE5935A  
**Claim Type:** Third Party  
**Accident Date:** 10/06/2021  
**TP Veh Reg No:** SMP5514M

*NOT Notified  
 U/S by S  
 Resurvey After Paint 5days*

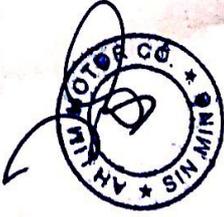
**Estimate Repair Cost to Vehicle No :SJE5935A**

Description	Quantity	List Price	Amount
		SS	SS
<b>SPARE PARTS</b>			
1 REAR BOOT LID	1 PC	667.00	✓
2 EMBLEM VIOS BADGE	1 PC	58.00	✓
3 EMBLEM TOYOTA BADGE	1 PC	56.00	✓
4 EMBLEM E BADGE	1 PC	40.00	✓
5 EMBLEM SPORT BADGE	1 PC	55.00	✓
6 REAR BUMPER	1 PC	496.00	✓
7 REAR BUMPER SIDE RETAINER L/R	1 PC	105.00	?
8 REAR BUMPER CLIP	15 PC	75.00	✓
9 TAILAMP L/R	2 PC	620.00	✓
10 TAILAMP SIDE CLIP L/R	2 PC	24.00	✓
11 REAR BUMPER LOWER SPOILER	1 PC	550.00	✓
12 TAIL END PANEL	1 PC	645.00	?
		3,391.00	
	Less 25%	847.75	2,543.25
<b>Special Nett</b>			
13 REVERSE SENSOR 1 SET	1 PC	220.00	?
		220.00	220.00
<b>LABOUR</b>			
14 TO CHECK WIRING AND INSTALL REVERSE SENSOR	1 PC	30.00	✓
15 TO REPLACE REAR BOOT LID AND TRANSFER BOOT LID INNER PARTS	1 PC	60.00	500
16 TO DISMANTLE AND INSTALL REAR BOOT CABIN INNER TRIM COVER AND BOARD	1 PC	60.00	✓
17 TO CUT, KNOCK AND WELD TAIL END PANEL KNOCK AND REPAIR REAR FENDER BOTH SIDE AND AFFECTED AREA AND REFIT LISTED PARTS BACK SAME	1 PC	900.00	600
18 TO SPRAY REAR BOOT LID - REAR BUMPER- TAIL END PANEL - REAR FENDER LH - REAR FENDER RH AND REAR BUMPER SPOILER	1 PC	1,000.00	800
		2,050.00	2,050.00

**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 ..... 10/06/2021 13:21 (SGT)  
Date of Accident ..... 10/06/2021 08:32 (SGT)  
Exact Location of Accident ..... Thomson Rd, Singapore  
Additional Location Information ..... SLIP ROAD FROM THOMSON ROAD TO BALESTIER ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJE5935A

INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... FAN YEW CHIONG  
NRIC No ..... SXXXX890C  
Email Address ..... fg3861@yahoo.com  
Mobile Phone No ..... (Phone) +65-97992005  
Alternative Phone No ..... (Office) +65-97992005

## VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... 1497

## INSURANCE COMPANY

Name of Insurance Company ..... Auto & General Insurance (Singapore) Pte. Limited.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... P10162592R02 S  
Cover Note Number ..... 30/04/2021 TO 29/04/2022

## DRIVER

Name of Driver ..... FAN YEW CHIONG  
NRIC No ..... SXXXX890C

Budget Direct

Vehicle: SJE5935A

10/06/2021

SKETCH PLAN

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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 willful misrepresentation or withholding of material facts may allow insurance companies to renew/late 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.

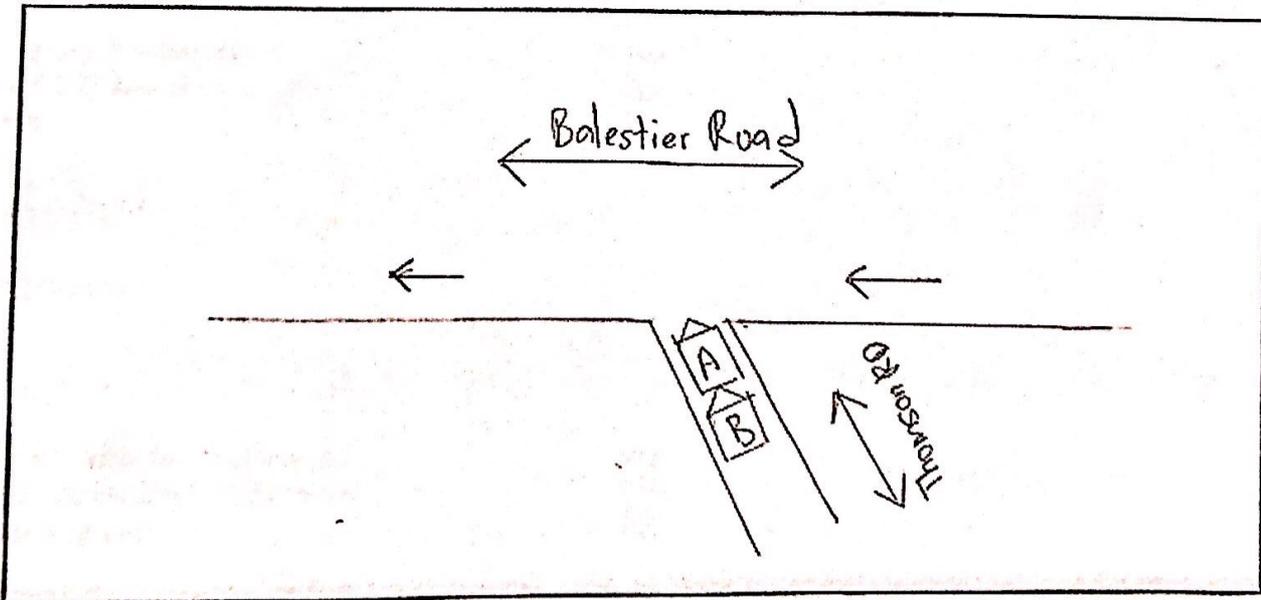
6. Consent under the Personal Data Protection Act (PDPA)

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 a] 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



*[Signature]*  
 11am  
 10/06/21  
 Policyholder's Signature / Date & Time

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

*[Signature]*  
 WINS MOTOR CO. \* SIN 1954  
 Wins Motor Reporting Centre Personnel  
 10/06/2021  
 WINS MOTOR COMPANY