

ASS. REC. BY:

REF:

110/210088011kg

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: _____

2.30pm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMC 72224 Yr Regn: 11, 18

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

Truck / Traller or

Make: Hyundai Elentra c.c. 1591Colour: D. Blue A/C: Insured / Std / NI / NASp. Reading: 27934 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH0841CMJU 728636

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 17/8/21D.O.I. 23/8/2021

Survey held at

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

o/s Rear door

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

Report Format :

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

☐ : Interview (\$ _____)

S - RS - SI

☐ : Tech Invs (\$ _____)

F.P.R.S

☐ : Weekend (\$ _____)

Others

TOTAL

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

23/8/21
 2:30pm
 Wale

SURVEYOR COPY

M/S : TONG PAU ENG ANNA
 97C UPPER THOMSON RD #08-10

SINGAPORE 574329

NOT Whaired

ATTN:

Penney Bk paint

Estimate No: MC1902117
 Date: 20 Aug 2021
 Policy No: P10255209R01
 Veh Reg No: SMF7222U
 Make/Model: HYUNDAI ELANTRA
 AD 1.6 GLS AT (AMS)

Your Ref No: -
 Claim Type: Third Party
 Accident Date: 17/08/2021

3 days

Estimate Repair Cost to Vehicle No :SMF7222U

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
SPARE PARTS			
1 REAR DOOR RH	1 PC	1,878.30	✓
2 REAR DOOR HINGE TOP & LOWER	2 PC	91.80	X
3 REAR DOOR CHECKER	1 PC	47.30	X
4 REAR DOOR POWER WINDOW MOTOR	1 PC	160.50	X
5 REAR DOOR POWER WINDOW REGULATOR	1 PC	223.40	X
6 REAR DOOR INNER LOCK	1 PC	191.50	✓
7 REAR DOOR RUBBER (AT DOOR)	1 PC	105.80	✓
8 REAR DOOR OUTER HANDLE	1 PC	59.80	✓
9 REAR DOOR OUTER HANDLE SMALL COVER	1 PC	17.10	X
		2,775.50	
	Less 20%	555.10	2,220.40
LABOUR			
10 TO DISMANTLE AND TRANSFER DOOR FITTINGS AND MECHANISM SUCH AS POWER WINDOW MOTOR AND REGULATOR TO NEW DOOR/FACILITATE REPAIR.	1 PC	80.00	60k
11 TO DISMANTLE ALL DAMAGED PARTS. TO KNOCK & REPAIR INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	300.00	200k
12 TO SPRAY REAR DOOR RH	1 PC	300.00	220k
		680.00	680.00
	Total		S\$ 2,900.40
	Add GST @ 7%		203.03
	Total Amount Payable		S\$ 3,103.43

TOTAL: SINGAPORE DOLLAR THREE THOUSAND ONE HUNDRED AND THREE AND CENTS FORTY THREE ONLY

Please arrange this vehicle to be surveyed soonest possible
 Thank You

LKK Auto Consultants hence notify
 the Repairer of the following:

- To resurvey before/after spray painting
- No display damaged parts 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:

For AH LIM MOTOR COMPANY



AUTHORISED 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 20/08/2021 14:27 (SGT)
Date of Accident 17/08/2021 20:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information AMK HUB B3 CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF7222U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TONG PAU ENG ANNA
NRIC No SXXXX502J
Email Address CAONLEONG@GMAIL.COM
Mobile Phone No (Phone) +65-81983222
Alternative Phone No +65-81983222

VEHICLE PARTICULARS

Manufacturer Hyundai
Model ELANTRA AD 1.6 GLS AT (AMS)
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 1591

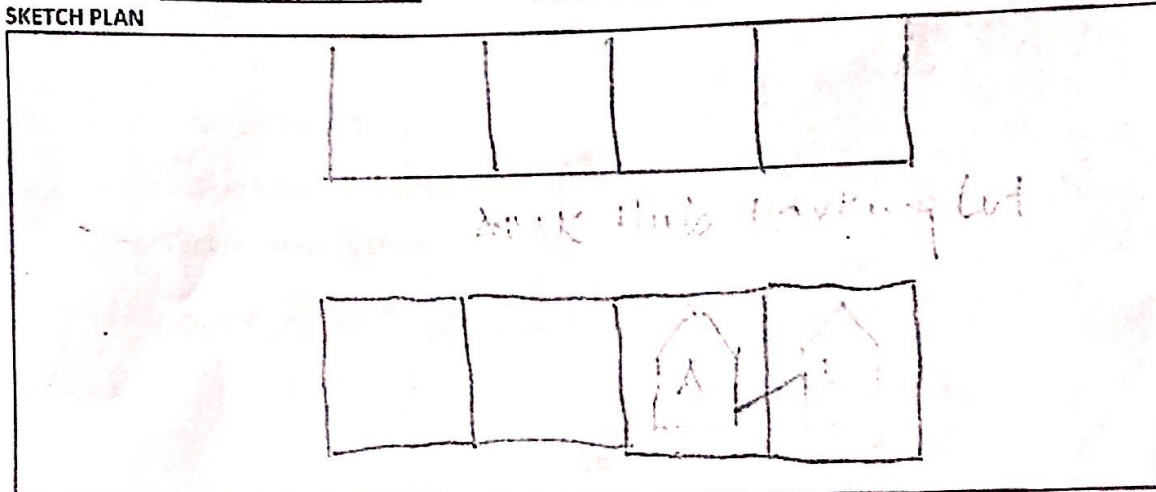
INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10255209R01
Cover Note Number 23/11/2020 - 22/11/2021

DRIVER

Name of Driver TONG PAU ENG ANNA
NRIC No SXXXX502J

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17th August 2021 about 1836hrs, my vehicle (SMF7222U) was parked at basement 3 of SMK Hub. When I left my vehicle at the lot, I affirm that my vehicle was in a proper lot, no damages and everything was intact. A

At about 2020hrs, I returned to my vehicle. The lots to my left and right were occupied. The driver and passengers of the vehicle to my right (ISKV3445J) had just returned to the vehicle as well.

As I was already in my vehicle, I decided to drive out of the lot and leave the building. As I drove off, I heard a loud impact from my vehicle. I immediately stepped on my brakes to check. This was when I noticed that the rear right side of my vehicle had collided onto the rear left passenger door of the vehicle SKV3445J. When I got out of my car, the rear left passenger door of vehicle SKV3445J, was wide open, making a big dent to the rear right passenger door of my car. Why is the door even touching my car? The opening of the door is in the total control of the passenger. This would not had happened if the passenger observed the plain social courtesy of keeping within your zone. If the door had only been 1 mm away from my car, this would not have happened.

There was no damage to the vehicle SKV3445J. Please find in the attached the photo of vehicle SKV3445J after the accident to proof this fact. A

Please note that my car was properly parked in my lot, with no infringement of space to the lot on my right. Attached is the photo to proof this fact. A

I exchanged particulars with the driver of vehicle SKV3-145J and we parted ways.

☒ 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: 19/8

Date & Time: 14/8/21
17:00

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/8/21

Date & Time: 1/9/21 17:00

Reporting Centre Personnel's Signature
Name:

. NRIC/FIN No.:

Antituberculous chemotherapy