

ASS. REC. BY:

REF:

C14 210094401KV

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:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STS 188Z

Yr Regn:

12, 15

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

Truck / Trailer or

Make:

Lexus ES300

c.c.

2494

Colour

M.P. White

A/C: Insured / Std / NI / NA

Sp. Reading

111859

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JT1HBWIGG102110848

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:

215/55R17

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.

8/9/21

D.O.I.

10/9/2021

Survey held at

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

N/S 157

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

Date / Time

Action / Instruction

1. Wasp said 1-B.1

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. \$

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

SURVEYOR COPY

M/S : LEONG WAI KWAN EDWIN
23 SARACA ROAD

SINGAPORE 807369

TEL: 96842603

ATTN:

Estimate No: MC1902143
Date: 07 Sep 2021
Policy No: GA420368/1
Veh Reg No: SJS188Z
Make/Model: TOYOTA LEXUS
ES300H CVT

Your Ref No: SJS188Z
Claim Type: Third Party - *CHINA*
Accident Date: 06/09/2021 *TAPAS*
TP Veh Reg No: SJL4171G

*Not Authorised
Recovery B & Point
3 days*

Estimate Repair Cost to Vehicle No :SJS188Z

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
SPARE PARTS			
1 TAILAMP LH	1 PC	<i>CA</i> 727.20	<i>✓</i>
2 TAILAMP LOWER BEAM LH	1 PC	125.40	<i>?</i>
3 REAR BUMPER	1 PC	<i>By</i> 1,015.00	<i>✓</i>
4 REAR BUMPER SIDE RETAINER LH	1 PC	<i>dit</i> 100.00	<i>✓</i>
5 REAR BUMPER CLIPS	15 PC	<i>me</i> 67.50	<i>✓</i>
6 REAR BUMPER REVERSE SENSOR OUTER LH	1 PC	<i>cmf</i> 490.80	<i>✓</i>
7 REAR BUMPER REVERSE SENSOR HOLDER	4 PC	<i>me</i> 57.20	<i>✓</i>
8 REAR BUMPER REFLECTOR LH	1 PC	<i>cmf</i> 75.60	<i>✓</i>
9 REAR BUMPER REINFORCEMENT	1 PC	<i>n</i> 654.60	<i>X</i>
10 REAR BUMPER SPONGE	1 PC	<i>ju</i> 139.50	<i>X</i>
		3,452.80	
	Less 25%	863.20	2,589.60
LABOUR			
11 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>201</i>
12 TO REMOVE AND REINSTALL CUSHIONS, SEATS, BACKREST, INNER TRIM, GARNISH, ROOF LINING OR UPHOLSTERY TO FACILITATE REPAIRS.	1 PC	<i>nn</i> 120.00	<i>X</i>
13 TO REMOVE AND REINSTALL/REPLACE FRONT/REAR BUMPER SENSORS.	1 PC	80.00	<i>601</i>
14 LABOUR TO RESET ENGINE MANAGEMENT SYSTEM WITH DIAGNOSTIC FAULT	1 PC	120.00	<i>7</i>
15 TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	<i>nn</i> 60.00	<i>X</i>
16 TO DISMANTLE ALL DAMAGED PARTS. TO CUT & WELD. TO KNOCK & REPAIR REAR FENDER LH INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	500.00	<i>2501</i>
17 TO SPRAY REAR FENDER LH REAR BUMPER.	1 PC	600.00	<i>4801</i>
		1,520.00	1,520.00

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:

Zila
Ah Lim Motor Company

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	07/09/2021 09:09 (SGT)
Date of Accident	06/09/2021 08:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS188Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEONG WAI KWAN EDWIN
NRIC No	SXXXX688A
Email Address	MELINA.GOH@GMAIL.COM
Mobile Phone No	(Phone) +65-91163907
Alternative Phone No	+65-96842603

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es300h
Variant	LEXUS ES300H CVT S/R
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	2494

INSURANCE COMPANY

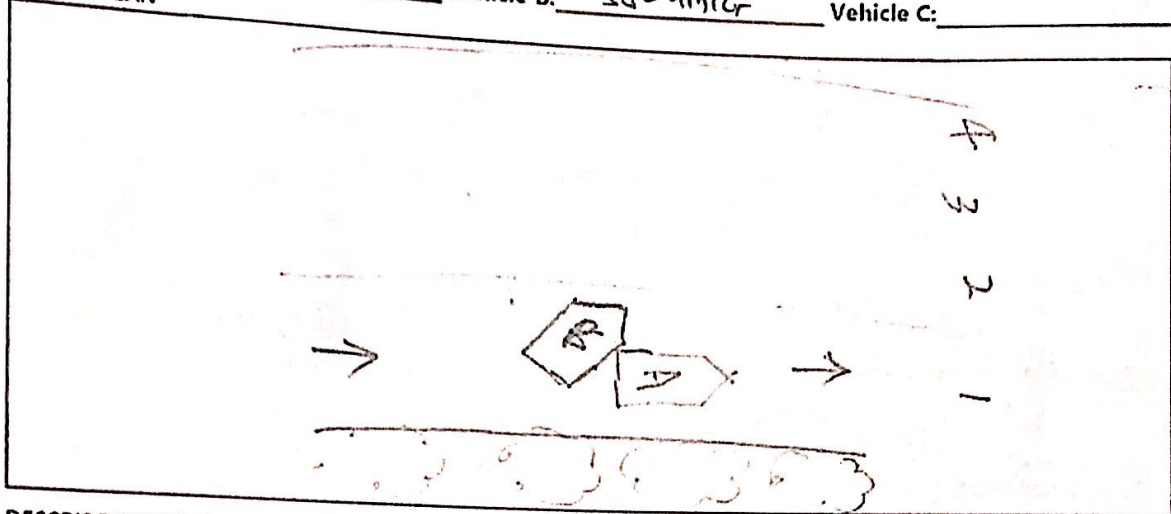
Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA420368/1
Cover Note Number	31/12/2020 - 30/12/2021

DRIVER

Name of Driver	GOH I-LING MELINA
NRIC No	SXXXX775A

Date of accident: 6/9/21 Time: 8.30am Location: TPE 13KM
My Vehicle A: GJS 1882 Vehicle B: SJL 4171C Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on TPE towards SLE.

Please refer to police report attached.

☒ 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:

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

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

AN LIM MOTOR COMPANY