

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 Limof Pin Ming

Insured: GBC 3413H

Policy No. _____

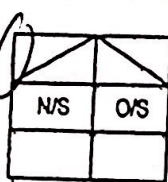
Claims No. CLMOMVC000004067

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 2pm

(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: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS 05/26

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S/FA 8238C Yr Regn: 05, 06

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

Truck / Trailer or MPVMake: Toy Wish C.C. 1784Colour M.P. White A/C: Insured / Std / NI / NASp. Reading 175325 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ENE10 0308428Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim orTyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 25/9/21Survey held at ✓

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

N/S FRT

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

Date / Time Action / Instruction

8/11/21 @1.59pm Mui Hong said vehicle has not send in for repair

8/11/21 Submit preli report-revised fig \$3097.75

Date/Time, File Pass to?

☒ : Preli. Report☐ : Final Report

Date/Time, File Return to?

8/11/21-typist

Report Format :

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

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Fees

Others

TOTAL

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 : SEAH SEAK CHAY
BLK 735 JURONG WEST ST 75
#10-23
640735

Estimate No: MCS1900503
Date: 30 Sep 2021
Policy No: P10557420R00
Veh Reg No: SFA8238C
Make/Model: TOYOTA WISH

ATTN:
Your Ref No: SFA8238C
Claim Type: Third Party
Accident Date: 25/09/2021
TP Veh Reg No: GBC3413H

Not Notified
1/1 Sur &
Repair After Pain
4 days

Estimate Repair Cost to Vehicle No :SFA8238C

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
SPARE PARTS			
1 FRONT BUMPER	1 PC	495.00	✓
2 FRONT BUMPER SIDE RETAINER	1 PC	55.00	✓
3 FRONT BUMPER CLIP	20 PC	100.00	✓
4 FRONT FENDER LH	1 PC	747.00	✓
5 FRONT FENDER COWLING CLIP	10 PC	50.00	✓
6 HEADLAMP LH	1 PC	1,150.00	✓
7 FRONT LH ALLOY RIM	1 PC	1,400.00	2500
		3,997.00	
	Less 25%	999.25	2,997.75
LABOUR			
8 TO CHECK WIRING AND REFOCUS HEADLAMP	1 PC	30.00	200
9 TO WHEEL ALIGNMENT	1 PC	80.00	600
10 TO REMOVE, REFIT AND BALANCING FRONT LH WHEEL	1 PC	30.00	200
11 TO DISMANTLE AND INSTALL DAMAGE PARTS, TO KNOCK, ALIGN AND REPAIR FRONT AFFECTED AREA AND TO REFIT LISTED PARTS BACK SAME	1 PC	700.00	4000
12 TO SPRAY FRONT FENDER AND FRONT BUMPER	1 PC	600.00	4000
		1,440.00	1,440.00
		Total	S\$ 4,437.75
		Add GST @ 7%	310.64
		Total Amount Payable	S\$ 4,748.39

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND SEVEN HUNDRED FORTY EIGHT AND CENTS THIRTY NINE ONLY

For AH LIM MOTOR COMPANY

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:

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 27/09/2021 17:49 (SGT)
Date of Accident 25/09/2021 14:20 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TOWARD TUAS BEFORE TOH GUANG EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFA8238C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEAH SEAK CHAY
NRIC No SXXXX346A
Email Address ELAINE8238@HOTMAIL.COM
Mobile Phone No (Phone) +65-92393818
Alternative Phone No (Home) +65-92393818

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 1749

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10557420R00
Cover Note Number 23/05/2021 TO 22/05/2022

DRIVER

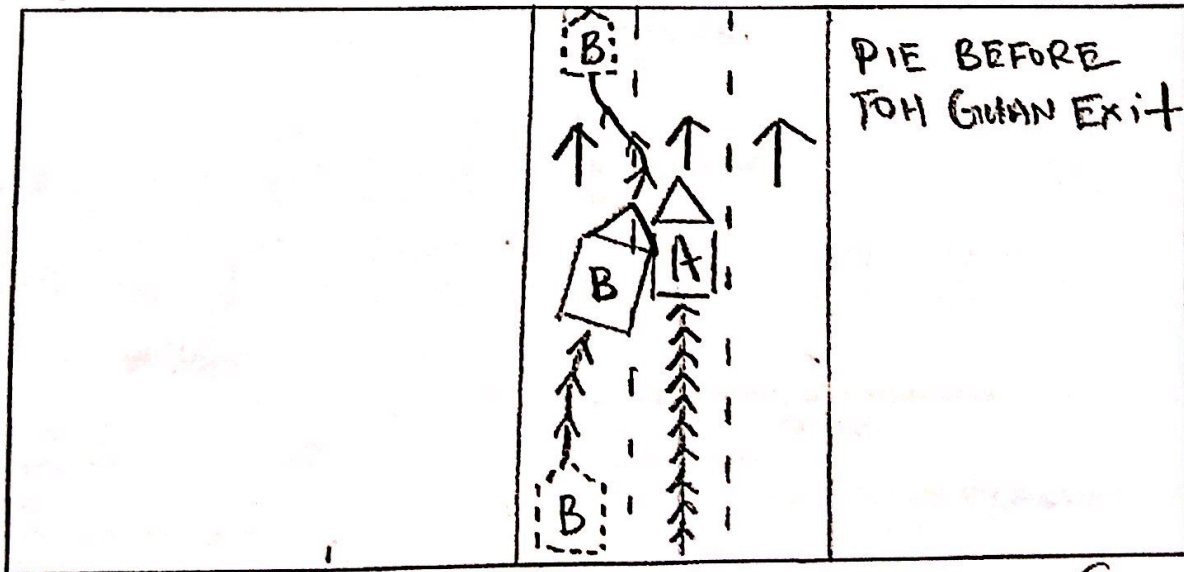
Name of Driver TAN CHIN PEI
NRIC No SXXXX887I

SKETCH PLAN

IMPORTANT NOTES

1. Please report accurately 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 willful 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 insured 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/small 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

27/09/2021

INSURANCE COMPANY