

ASS. REC. BY:

REF: CS/

SMR/ 21010724/Ku f3

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

QD/TP/WS/TP RES/QD RES/EVA/INV/MV

To Inspect Vehicle No: SJL 6593J

at Workshop m/s

Amk

of

Insured: SHB 812T

Policy No.

Claims No. TAX/10/21/2029

Sum Insured:

Excess:

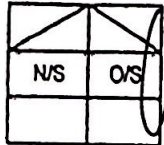
(Client's Record)

Make of Veh:

1.30pm

(Policy Condition)

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



Bal. or Market Value:

\$16K

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

06

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

12/23

Person Contacted:

Vehicle: IN / OUT

Veh No:

SJL 6593J

Yr Regn:

12, 08

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

Truck / Trailer or

MPV

Make:

Honda Stream

c.c.

1799

Colour

M. Grey

AC:

Insured / Std / NI / NA

Sp. Reading

180670

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RNG

1083829

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / SRM / STD A/Rim or

Tyre Size:

F:

215/50 R17

R:

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

TOYO / YOKO or

Fg/Km

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

13/10/21

D.O.I.

20/10/2021

Survey held at

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

cls body

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

Date / Time

Action / Instruction

Confirmed L/S \$3100, 6 repair days

(RED \$3038.24: 49%)

Date/Time, File Pass to?



: Prell. Report

1) 15/12 TYPIST



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

6

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format: TP

Lump Sum / T.D.T. (\$) 3100

# 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 : KRISHNAMOORTHY SAKTHIVEL

605 YISHUEN KING ROAD

#05-4205

SINGAPORE 760806

TEL: 90915726

ATTN:

Your Ref No: SJL6593J

Claim Type: Third Party → 1st cap

Accident Date: 13/10/2021

TP Veh Reg No: SHB812T

Estimate No: MC1902218

Date: 14 Oct 2021

Policy No: MT/00968942

Veh Reg No: SJL6593J

Make/Model: HONDA STREAM 1.8X A

Not Authored

11 Sep 8  
Recovery After Paint

6 days

## Estimate Repair Cost to Vehicle No :SJL6593J

Description	Quantity	List Price	Amount
		S\$	S\$
<b>SPARE PARTS</b>			
1 HEADLAMP RH	1 PC	CM 603.20	✓
2 HEADLAMP LOWER BEAM	1 PC	Sm 36.50	X
3 FRONT BUMPER	1 PC	R 731.20	X
4 FRONT BUMPER SIDE RETAINER RH	1 PC	R 24.30	X
5 FRONT BUMPER CLIPS	12 PC	nn 42.00	λ
6 FRONT FENDER RH	1 PC	R 486.20	✓
7 FRONT FENDER TOP GARNISH CLIPS	3 PC	in 10.50	X
8 FRONT FENDER COWLING RH	1 PC	Sm 80.20	X
9 FRONT FENDER COWLING CLIPS	8 PC	nn 28.00	X
10 WIPER GARNISH SIDE COVER RH	1 PC	Sm 195.20	X
11 ROOF MOULDING RH	1 PC	Sm 197.20	X
12 FRONT DOOR RH	1 PC	R 860.20	✓
13 FRONT DOOR OUTER HANDLE COVER RH - CHECK PRICE	1 PC	nn 0.00	← X
14 FRONT DOOR WINDOW MOULDING	1 PC	Sm 82.90	X
15 FRONT DOOR HINGE TOP	1 PC	R 34.10	X
16 FRONT DOOR OUTER HANDLE RH	1 PC	nn 153.20	✓
17 FRONT DOOR LOCK	1 PC	R 316.40	X
18 FRONT DOOR RUBBER (AT DOOR) RH	1 PC	Sm 152.40	X
19 FRONT DOOR TAPE SET RH	1 PC	nn 48.20	✓
20 SIDE MIRROR ASSY RH	1 PC	CM 474.10	✓
21 REAR DOOR OUTER HANDLE RH	1 PC	R 143.20	✓
22 REAR DOOR OUTER HANDLE COVER RH - CHECK PRICE	1 PC	Sm 0.00	X
23 REAR DOOR WINDOW MOULDING RH	1 PC	Sm 80.40	X
24 FRONT SIGNAL LAMP RH	1 PC	Sm 18.20	X
		4,797.80	
	Less 20%	959.56	3,838.24
<b>LABOUR</b>			
25 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	201
26 TO CHECK AND RE-ADJUST WHEEL ALIGNMENT.	1 PC	nn 80.00	X
27 TO DISMANTLE AND TRANSFER DOOR FITTINGS AND MECHANISM SUCH AS POWER WINDOW MOTOR AND REGULATOR TO NEW DOOR/FACILITATE REPAIR.	1 PC	120.00	801
28 TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	60.00	✓

*Zila*  
Ah Lim Motor Company



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

## SURVEYOR COPY

M/S : KRISHNAMOORTHY SAKTHIVEL  
805 YISHUN RING ROAD

#05-4269

SINGAPORE 760806

TEL: 90915726

ATTN:

Your Ref No: SJL6593J

Claim Type: Third Party

Accident Date: 13/10/2021

TP Veh Reg No: SHB812T

Estimate No: MC1902218

Date: 14 Oct 2021

Policy No: MT/00968942

Veh Reg No: SJL6593J

Make/Model: HONDA STREAM 1.8X A

### Estimate Repair Cost to Vehicle No :SJL6593J

Description	Quantity	List Price	Amount
		S\$	S\$
29 TO DISMANTLE ALL DAMAGED PARTS.TO CUT & WELD.TO KNOCK & REPAIR FRONT BONNET,REAR DOOR RH,REAR FENDER RH INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	700.00	500
30 TO SPRAY FRONT BONNET,FRONT BUMPER,FRONT FEDNER RH,FRONT DOOR RH,REAR DOOR RH,REAR FENDER RH,SIDE MIRROR COVER RH.	1 PC	1,300.00	1000
		2,300.00	2,300.00
		Total	S\$ 6,138.24
		Add GST @ 7%	429.68
		Total Amount Payable	S\$ 6,567.92

TOTAL: SINGAPORE DOLLAR SIX THOUSAND FIVE HUNDRED SIXTY SEVEN AND CENTS NINETY TWO ONLY

Please arrange this vehicle to be surveyed soonest possible.

Thank You

For AH LIM MOTOR COMPANY

Zila  
Ah Lim Motor Company  
AUTHORISED SIGNATURE

**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 fill in 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. Accident Statement 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 ..... 14/10/2021 16:55 (SGT)  
Date of Accident ..... 13/10/2021 17:10 (SGT)  
Exact Location of Accident ..... Veerasamy Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJL6593J  
INSURED/POLICYHOLDER  
Is company? ..... No  
Name Of Registered Owner ..... KRISHNAMOORTHY SAKTHIVEL  
Passport No/FIN ..... GXXXX270W  
Email Address ..... SAKTHI2601@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98894959  
Alternative Phone No ..... +65-90915726

## VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Stream  
Variant ..... STREAM 1.8X A  
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 ..... 1799

## INSURANCE COMPANY

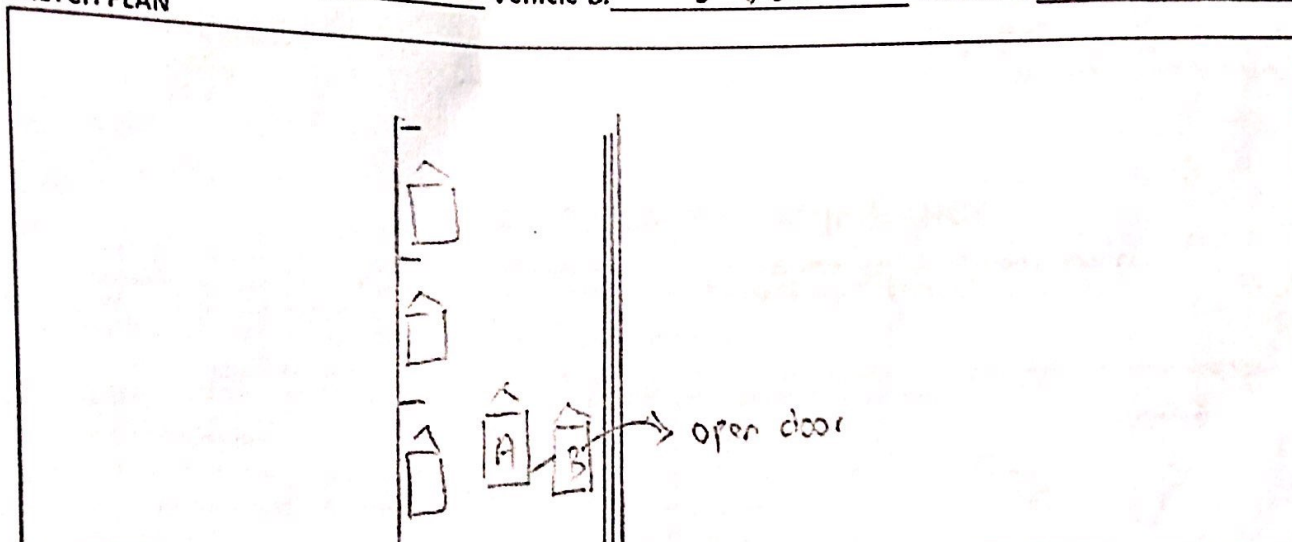
Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MT/00968942  
Cover Note Number ..... 25/09/2021 - 24/09/2022

## DRIVER

Name of Driver ..... KRISHNAMOORTHY SAKTHIVEL  
Passport No/FIN ..... GXXXX270W



Date of accident: 13/10/21 Time: 5:10pm Location: Veerasamy Rd.  
My Vehicle A: SJL 6593J Vehicle B: SHB 3127 Vehicle C: \_\_\_\_\_  
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Was traveling straight at the said location. Veh B's passenger suddenly open the door & hit onto my car. I took photo scene during the time of accident. NO one is injured.

☐ 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 Ah Lim Motor Compar. Personnel's Signature

Name: