

ASS. REC. BY:

REF:

C12/ 22001247/1CV

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 Lim

of _____

Insured: 030A

Policy No. _____

Claims No. _____

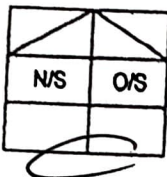
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Iran

(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: 3-4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 4/26 Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKB 4070E Yr Regn: 05, 11

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

Truck / Trailer or Swagon

Make: Honda Stream c.c. 1799

Colour: M. Silver A/C: Insured / Std / NI / NA

Sp. Reading: 140939 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHM RN 8869C 200147

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / STD A/Rim or

Tyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or Tourader

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 6/2/22 D.O.I. 10/2/2022

Survey held at _____

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Fuel \$

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

SURVEYOR COPY

M/S : CHIA HART LIAN
 BLK 203D COMPASSVALE ROAD
 #02-49
 SINGAPORE 544203

Estimate No: MC1902459
 Date: 08 Feb 2022
 Policy No: P10629665R00
 Veh Reg No: SKB4070E
 Make/Model: HONDA STREAM 1.8L
 AT

ATTN:

Your Ref No: -
 Claim Type: Third Party
 Accident Date: 06/02/2022
 TP Veh Reg No: SMW8131C

*Not authorized
 L1 Reg &
 Survey After Paint
 3-4 days*

Estimate Repair Cost to Vehicle No :SKB4070E

Description	Quantity	List Price	Amount
		S\$	S\$
SPARE PARTS			
1 REAR WINDSCREEN MOULDING	1 PC	50.90	✓
2 TAILGATE	1 PC	991.20	✓
3 TAILGATE EMBLEM	1 PC	24.90	X
4 TAILGATE NUMBER PLATE GARNISH	1 PC	182.40	X
5 TAILGATE LOCK	1 PC	124.50	?
6 TAILGATE LOCK CATCH	1 PC	27.00	X
7 TAILGATE RUBBER	1 PC	133.90	X
8 TAILGATE INNER TRIMBOARD BOTTOM	1 PC	170.30	X
9 REAR BUMPER	1 PC	704.90	?
10 REAR BUMPER CLIPS	2 PC	7.40	?
11 REAR END PANEL	1 PC	333.10	X
12 REAR END PANEL GARNISH	1 PC	140.90	X
		2,891.40	
	Less 20%	578.28	2,313.12
Special Nett			
13 REAR VIEW CAMERA -CHECK PRICE	1 PC	0.0000	X
14 INNER SEAL	1 PC	20.00	✓
15 SEALANT	1 PC	40.00	✓
16 NUMBER PLATE	1 PC	35.00	X
17 REVERSE SENSOR (4-IN-1)	1 PC	400.00	?
		495.00	495.00
LABOUR			
18 TO REMOVE & REFIT REAR WINDSCREEN	1 EA	120.00	✓
19 TO REMOVE AND REINSTALL/REPLACE FRONT BUMPER SENSORS.	1 PC	60.00	?
20 TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	60.00	300
21 TO DISMANTLE ALL DAMAGED PARTS. TO CUT & WELD REAR END PANEL. TO KNOCK & REPAIR SPARE TYRE PANEL, INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	800.00	4000
22 TO SPRAY TAILGATE, REAR BUMPER, REAR END PANEL, SPARE TYRE PANEL	1 PC	800.00	4000
		1,840.00	1,840.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before re-apply 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 surveyed and is subject to final approval by 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	07/02/2022 15:49 (SGT)
Date of Accident	06/02/2022 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL RD EXIT TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB4070E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA HART LIAN
NRIC No	SXXXX030A
Email Address	IVANCHL.SG@GMAIL.COM
Mobile Phone No	(Phone) +65-97729662
Alternative Phone No	+65-97729662

VEHICLE PARTICULARS

Manufacturer	Honda
Model	STREAM 1.8L AT
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	1799

INSURANCE COMPANY

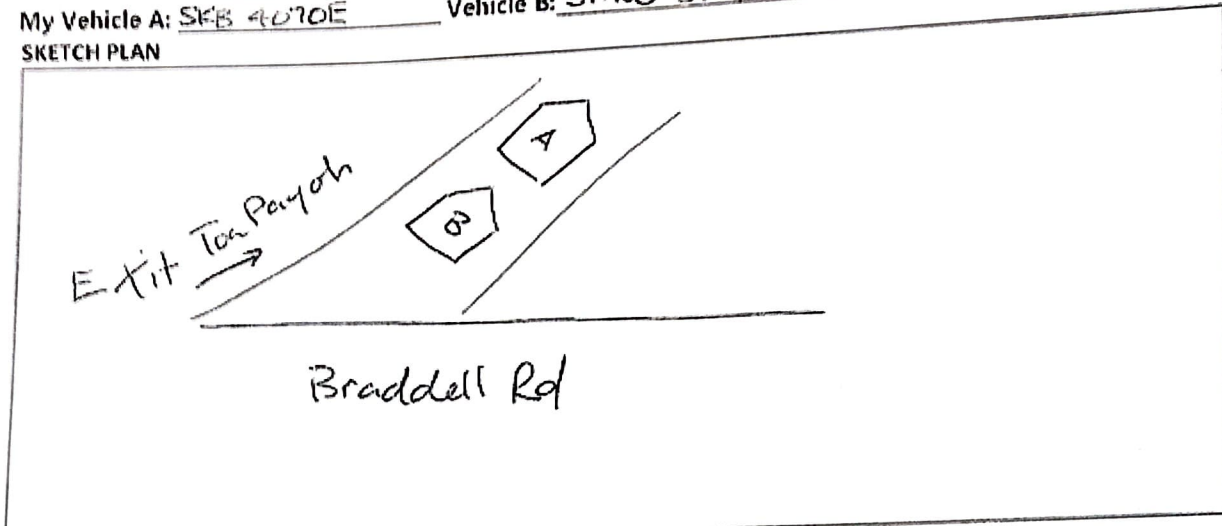
Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10629665R00
Cover Note Number	10/09/2021 - 09/09/2022

DRIVER

Name of Driver	CHIA HART LIAN
NRIC No	SXXXX030A

Date of accident: 6/2/22 Time: 6:40 PM Location: Braddell Rd exit Toa Payoh
 My Vehicle A: SFB 4070E Vehicle B: SMU 8131C Vehicle C: ---

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I exited slip road to a Payoh from Braddell Rd.
 & stopped to observe oncoming traffic
 The driver behind me failed to stop in time
 & bang into my car.
 I alighted my car to assess damage.
 The driver also alighted & apologized to
 me for his carelessness.
 We exchanged particulars.

Vehicle B: Hilman Saufie Bin Mohd Sa'id
 896241517.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my file 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 your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Handwritten Signature]

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.:

