

ASS. REC. BY:

REF:

A16/

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:

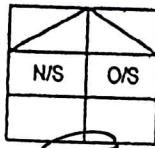
(Client's Record)

Make of Veh:

100m

(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:

02

days

Res.: Yes or No

Lum Sum:

1.31

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKR 5386

Yr Regn:

02, 15

Type:

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

Truck / Trailer or

Make:

Toyota

C.C.

1398

Colour:

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

115308

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053REH104526635

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8 mm

R/Bal.

8

mm

L/Bal.

8 mm

L/Bal.

8

mm

D.O.A.

13/3/22

D.O.I.

18/3/2022

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

/ Please expedite on liability.

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. SI

Fees

Others

TOTAL

Report Format :

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

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

# 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 : REVATHY D/O V SINNAIAH  
 BLK 314 HOUGANG AVE 5 #12-131  
 SINGAPORE 530314

Estimate No: MC1902533  
 Date: 14 Mar 2022  
 Policy No: MT/00990343  
 Veh Reg No: SKR5368G  
 Make/Model: TOYOTA COROLLA  
 ALTIS 1.6L CVT

ATTN:

Your Ref No: -  
 Claim Type: Third Party  
 Accident Date: 13/03/2022  
 TP Veh Reg No: SNC2088C

*Not Authorized  
 Repairing B4pairs  
 2 days*

## Estimate Repair Cost to Vehicle No :SKR5368G

Description	Quantity	List Price S\$	Amount S\$
<b>SPARE PARTS</b>			
1 REAR BOOT EMBLEM	1 PC	na 50.70 X	
2 REAR BOOT LOGO "COROLLA"	1 PC	na 49.10 X	
3 REAR BOOT LOGO "ALTIS"	1 PC	na 49.10 X	
4 REAR BOOT RUBBER	1 PC	na 175.80 X	
5 REAR BOOT LOCK	1 PC	na 399.50 X	
6 REAR BOOT LOCK CATCH	1 PC	na 15.30 X	
7 REAR BUMPER	1 PC	na 556.40	
8 REAR BUMPER UPPER RETAINER LH & RH	2 PC	na 218.60 X	
9 REAR BUMPER SIDE RETAINER LH & RH	2 PC	na 120.80 X	
10 REAR BUMPER CLIPS	6 PC	na 27.00	
11 REAR BUMPER REINFORCEMENT	1 PC	na 399.50 ?	
12 REAR BUMPER REINFORCEMENT ARM LH & RH	2 PC	na 136.40 X	
13 REAR END PANEL GARNISH	1 PC	na 241.90 X	
14 REAR END PANEL GARNISH CLIP	2 PC	na 7.40 X	
		2,447.50	
	Less 25%	611.88	1,835.63
<b>Special Nett</b>			
15 REVERSE SENSOR SET	1 PC	na 200.00 ?	
16 NUMBER PLATE	1 PC	na 35.00 X	
		235.00	235.00
<b>LABOUR</b>			
17 TO REMOVE AND REINSTALL/REPLACE REAR BUMPER SENSORS.	1 PC	na 60.00 501	
18 TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	na 60.00 X	
19 TO DISMANTLE ALL DAMAGED PARTS. TO KNOCK & REPAIR BOOT, REAR END PANEL, INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	na 600.00 2001	
20 TO SPRAY BOOT, REAR BUMPER, REAR END PANEL	1 PC	na 600.00 2001	
		1,320.00	1,320.00

**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 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	14/03/2022 13:43 (SGT)
Date of Accident	13/03/2022 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (CHANGI) 600M AWAY FROM BEDOK RESERVOIR ROAD EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5368G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	REVATHY D/O V SINNAIAH
NRIC No	SXXXX358E
Email Address	SUBJECTSTUDY@GMAIL.COM
Mobile Phone No	(Phone) +65-83733593
Alternative Phone No	+65-90257073

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA COROLLA ALTIS 1.6L CVT
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	1598

## INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00990343
Cover Note Number	13/02/2022 - 12/02/2023

## DRIVER

Name of Driver	PUNITHA ARUMUGAM
----------------	------------------

NRIC No  
Date Of Birth  
Occupation  
Date Of Driving Pass  
Driving experience  
Gender  
Mobile Number  
Alt. Phone Number  
Email Address  
Address  
Address complement  
Postcode  
Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

SXXXX782J  
12/01/1996  
Indoor  
17/03/2016  
6 YEARS  
Female  
(Phone) +65-90257073  
-  
SUBJECTSTUDY@GMAIL.COM  
BLK 314 HOUGANG AVE 5 #12-131  
-  
530314  
No  
Child  
No  
-  
-

# GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Chain Collision  
Clear  
Dry

# OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
Number of vehicles involved in the accident  
Was anybody injured in the Accident?  
Was any injured conveyed to hospital by ambulance?  
Was any other vehicle or property damaged?  
Number of Passengers (Including Driver)  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No  
3  
No  
-  
Yes  
2  
No

# PASSENGER 1

Name  
Gender

AKSHAYA  
Female

# DETAILS OF POLICE ACTION

Was the accident reported to the police?  
Was notice of intended Prosecution given?  
If yes, against whom?

No  
No  
-

# CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

# ATTACHMENT(S)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Was there any audio recorded?

Yes  
No  
No

# DETAILS OF OTHER VEHICLE PROPERTY 1

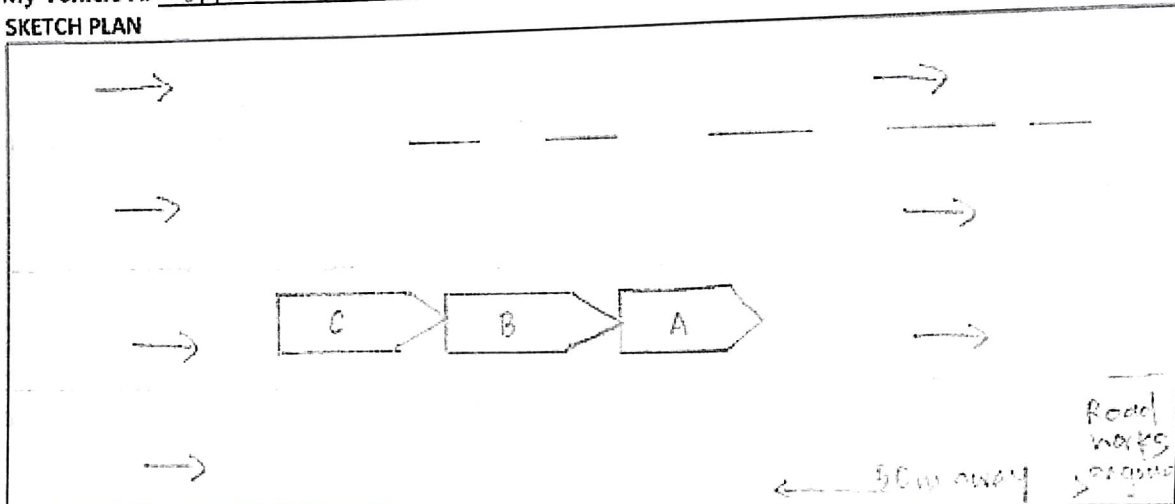
Vehicle Registration Number  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour

SNC2088C  
-  
-  
-  
-

Copy  
over  
Number  
ess com  
stcode  
Insurance  
Nature  
Details  
No

Bedok Reservoir Road Exit

Date of accident: 13/03/2022 Time: 2.15pm Location: PIE (Changi) 600m away from  
 My Vehicle A: SKR 5368G Vehicle B: SNC 2088C Vehicle C: GBK 4701C  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Punitha Arumugam (S9601782J) was driving on PIE towards Changi on 13/03/2022 at around 2pm. The weather was sunny and dry. I was driving in the second lane. about 600m away from bedok reservoir Road Exit, the 1st lane was blocked off <sup>for roadworks</sup> due to which all cars were diverting to the 2nd lane. This diversion caused the cars in the 2nd lane to jam up which brought me to a standstill position about 50m away <sup>before</sup> the road block. After approx. 10-15 seconds Car B (SNC 2088C) collided with my car hitting my bumper. Time was 2.15pm when accident happened. I came down to check the severity of the damage caused by the impact. That's when I knew van C (GBK 4701C) was also involved in the accident. After accident and checks, we moved the car to the road shoulder and decided to go ahead with the insurance claim.

☒ 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 your 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: 14/3/22

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14/3/22



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: