ASS. REC. BY: Kenneth

REF: CTV 2200328 8/K

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: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 2pm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKX 7480U Yr Regn: 12/15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon

Make: Subaru Forester c.c 1998

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

Sp.Reading 88911 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF1SJGK85FG 061005

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/55R18

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.	6/4/22	D.O.I.	12/4/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

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 : LIM WEISHAN REAGAN
BLK 52 ANCHORVALE CRESCENT
#13-12
SINGAPORE 544630

ATTN:

Not Authorised
Recovery After Paint
4 days

Estimate No:	MC1902587
Date:	07 Apr 2022
Policy No:	MT/00744740/02
Veh Reg No:	SKX7480U
Make/Model:	SUBARU FORESTER 2.0XT CVT AWD SR

Your Ref No:	-
Claim Type:	Third Party
Accident Date:	06/04/2022
TP Veh Reg No:	GBH5885P

Estimate Repair Cost to Vehicle No :SKX7480U

	Description	Quantity	List Price S$	Amount S$
	SPARE PARTS			
1	FRONT FENDER LH	1 PC	300.70	
2	FRONT FENDER LOWER GARNISH LH	1 PC	0.00	
3	FRONT FENDER BRACKET REAR LH	1 PC	18.90	
4	FRONT FENDER COWLING LH	1 PC	96.30	
5	FRONT FENDER COWLING CLIPS	8 PC	42.40	
6	FRONT DOOR LH	1 PC	720.40	
7	FRONT DOOR TAPE FRONT LH	1 PC	8.30	
8	FRONT DOOR TAPE TOP LH	1 PC	24.30	
9	FRONT DOOR TAPE REAR LH	1 PC	24.90	
10	FRONT DOOR LOWER GARNISH WITH GARNISH CHROME MOULDING LH	1 PC	290.70	
11	FRONT DOOR RUBBER @DOOR LH	1 PC	94.20	
12	FRONT DOOR RUBBER @DOOR BOTTOM LH	1 PC	19.40	
13	FRONT DOOR HINGE LOWER LH	1 PC	48.10	
14	FRONT DOOR CHECK LH	1 PC	60.50	
15	FRONT DOOR WINDOW REGULATOR WITH MOTOR LH	1 PC	300.20	
16	FRONT DOOR LOCK LH	1 PC	280.40	
17	FRONT WHEEL HUB WITH BEARING LH	1 PC	240.70	
			2,570.40	
		Less 20%	514.08	2,056.32
	Special Nett			
18	TYRE LHF -check price	1 PC	0.0000	
19	SPORT RIM LHF -check price	1 PC	0.0000	
			0.00	0.00
	LABOUR			
20	TO CHECK AND RE-ADJUST WHEEL ALIGNMENT	1 PC	80.00	
21	TO DISMANTLE AND TRANSFER DOOR FITTINGS AND MECHANISM SUCH AS POWER WINDOW MOTOR AND REGULATOR TO NEW DOOR/FACILITATE REPAIR.	1 PC	120.00	60/
22	TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	60.00	
23	TO DISMANTLE ALL DAMAGED PARTS. TO KNOCK & REPAIR FRONT FENDER INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	600.00	400/
24	TO SPRAY FRONT FENDER LH, FRONT DOOR LH	1 PC	500.00	400/
			1,360.00	1,360.00

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 witholding 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	06/04/2022 15:50 (SGT)
Date of Accident	06/04/2022 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MULTI-STOREY CAR PARK AT ANCHORVALE CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX7480U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM WEISHAN REAGAN
NRIC No	SXXXX340A
Email Address	REAGANLWS@GMAIL.COM
Mobile Phone No	(Phone) +65-98796400
Alternative Phone No	+65-98796400

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	FORESTER 2.0XT CVT AWD SR
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	1998

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00744740/02
Cover Note Number	28/12/2021 - 27/12/2022

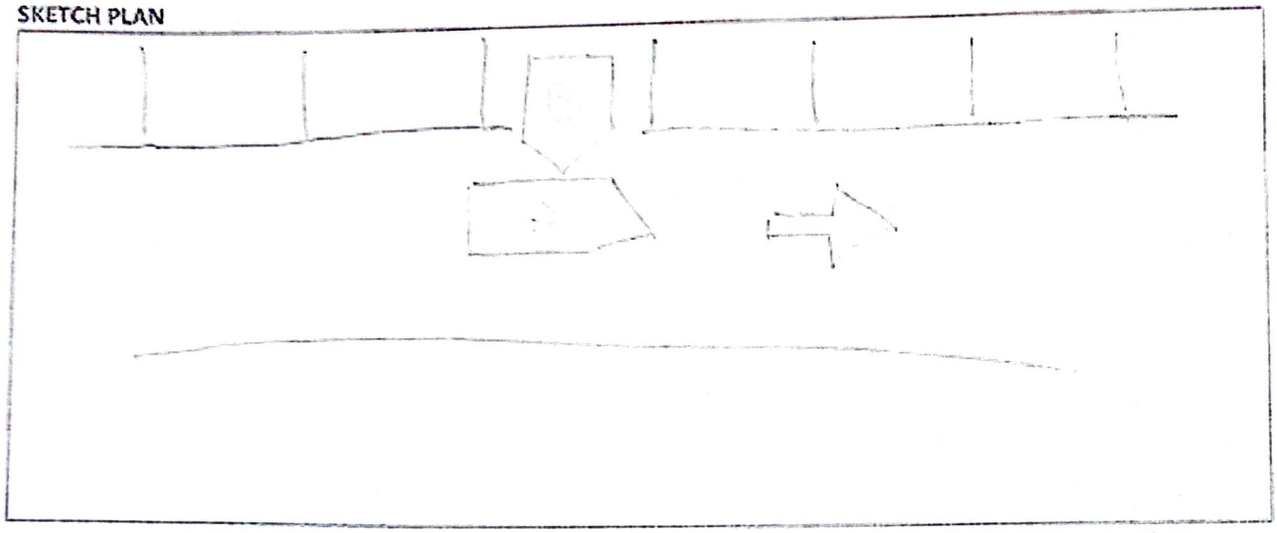
DRIVER

Name of Driver	LIM WEISHAN REAGAN
NRIC No	SXXXX340A

Date of accident: 6/4/22 Time: 0800 Location: MSEP Carpark at Anchorvale Crescent

My Vehicle A: SKX 7480 U Vehicle B: GBH 5885 P Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along the carpark and got hit by vehicle B when vehicle B exit carpark lot.

After collusion vehicle B reverse back to lot.

☒ 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:
6/4/22 1400

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

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