

ASS. REC. BY:

REF:

C721

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:

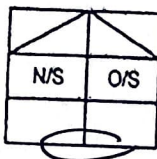
Excess:

(Client's Record)

Make of Veh:

(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:

03

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:

SFT 794

Yr Regn:

01, 09

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

Truck / Trailer or

Make:

Audi

P5

c.c.

4163

Colour

M. P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

98150

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WAU8888T 9.9A 031199

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

245/40 ZR19

R:

275/35 ZR19

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

2

mm

L/Bal.

4

mm

L/Bal.

2

mm

D.O.A.

27/3/22

D.O.I.

13/4/2022

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

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO

To: China Taiping Insurance (S) Pte Ltd

Accident Date : 27.03.2022

Not Notaire
L1 Rm @
Recovery After Pains
3 days

Third Party

Policy No: _____

12.04.2022

Date: _____

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
Estimate Cost of Repair to "Audi S5" Reg. No. SFT79Y Claiming Against Your Insured Veh. No. GBJ9497P			
1pc	Rear Bumper	9.00	Bu 1,840.00 ✓
14pcs	Rear Bumper Clips		me 126.00 ✓
1pc	Rear Bumper Core		su 290.00 X
1pc	Rear Bumper Reinforcement		re 820.00 X
2pcs	Rear Bumper Sensors	265.00	530.00 ✓
4pcs	Rear Bumper Sensor Holders	45.00	180.00 ✓
1pc	Rear Bumper Lower Diffuser		at 620.00 ✓
1pc	Rear Bumper Lower Diffuser Moulding		su 460.00 X
1pc	Rear Bumper Inner Sensor Control Box		su 360.00 X
1pc	Rear Bumper Auto Boot Sensor		su 265.00 X
1pc	Boot Emblem (Black Edition)		me 115.00 ✓
1pc	Boot Badge S5 (Black with Red Edition)		re 135.00 ✓
Less 5%			5,741.00
			287.05
			5,453.95
Rear Number Plate (Car type)			me 45.00 SN
Labour Charge - Panel Beating, Repairing Of Boot, End Panel And Part Replacement.			480.00 30d
To Respray Affected Areas			600.00 44d
To Reseal Paint Protection (Diamond rite) to Spray Paint Areas			(B:11) 400.00 7
Total :			6,978.95

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:

SA19223S000C / AH LIM MOTOR COMPANY (MAIN)
 ENTRY DATE & TIME: 28/03/2022 15:41 (SGT)
 SUBMITTED BY: ZILA
 VERSION: 1 (28/03/2022 15:41 (SGT))



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 28/03/2022 15:41 (SGT)
 Date of Accident 27/03/2022 11:05 (SGT)
 Exact Location of Accident 728 Ang Mo Kio Ave 6, Singapore 560728
 Additional Location Information CARPARK
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFT79Y

INSURED/POLICYHOLDER

Is company? No
 Name Of Registered Owner SEAH YUEN SERN
 NRIC No SXXXX759F
 Email Address BRANDON_SEAH@YAHOO.COM.SG
 Mobile Phone No (Phone) +65-92470727
 Alternative Phone No +65-92470727

VEHICLE PARTICULARS

Manufacturer Audi
 Model S5
 Variant S5 4.2 FSI QU AT ABS D/AB HID SR 2DR
 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 4163

INSURANCE COMPANY

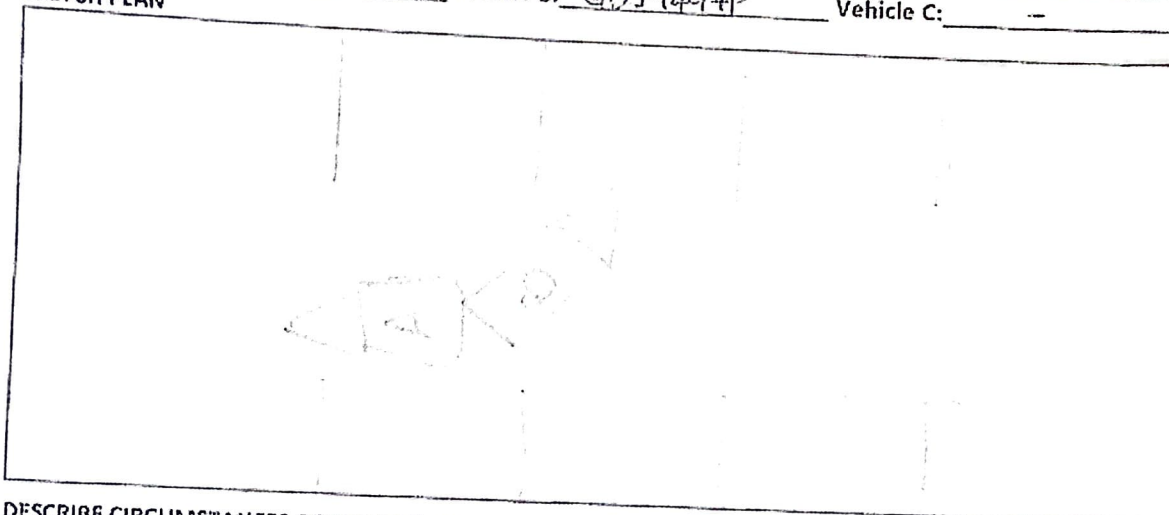
Name of Insurance Company AXA Insurance Pte Ltd
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number GA605461/1
 Cover Note Number 18/01/2022 - 17/01/2023

DRIVER

Name of Driver SEAH YUEN SERN
 NRIC No SXXXX759F

Date of accident: 27/3/22 Time: 11:05am Location: Carpark behind Blk 728 AMK Ave 6
 My Vehicle A: SFT 79Y Vehicle B: GBJ 9497P Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary. Suddenly, I feel a bang on the rear of my vehicle & realized that vehicle B has rubbed into me while performing 3 point turn.

☐ 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: Chew Geon Motor

Email address: ad5@chewgeonmotor.com.sg

& myself: brandon-seeh@yahoo.com.sg

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.

[Signature]
 Policyholder's Signature
 Date & Time: 27/3/22

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 27/3/22

[Signature]
 Reporting Centre Personnel's Signature
 Date: 28 MAR 2022
 NRIC/FIN No.: -