

ASS. REG. BY:

REF:

C12/ 22 0034771K_y

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 Report:

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:

17/26

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SLJ 57138

Yr Regn:

12, 16

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

Truck / Trailer or

(A)

MPV

Make:

Toy wish

C.O

17988

Colour

M. Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading

45450

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDGG 20W40J006260

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop / Jammed / Leaked / Burnt or

Brake: Inop / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STRA/Rlm or

Tyre Size:

F:

R:

1P5/65R15

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

6

mm

L/Bal.

9

mm

L/Bal.

6

mm

D.O.A.

11/4/22

D.O.I.

19/4/2022

Survey held at

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

N/S Rear

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

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ - RS. SI

Fixtures

Others

TOTAL

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

SURVEYOR COPY

M/S : JUSTIN TAN SIEW LON (CHEN XIULONG)
588D ANG MO KIO ST 52
#24-237
SINGAPORE 564588

Estimate No: MC1902593
Date: 12 Apr 2022
Policy No: GA557329/1
Veh Reg No: SLJ5713Z
Make/Model: TOYOTA WISH 1.8 CVT

ATTN:
Your Ref No: SLJ5713Z
Claim Type: Third Party -> ching.
Accident Date: 11/04/2022
TP Veh Reg No: SNE5699J

Not Authorized
1/1 Rmp &
Returning After Paint 3 days

Estimate Repair Cost to Vehicle No :SLJ5713Z

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
SPARE PARTS			
1 REAR BUMPER	1 PC	<i>Bu</i> 626.70	<i>✓</i>
2 REAR BUMPER REFLECTOR LH	1 PC	<i>Lu</i> 59.80	<i>✓</i>
3 REAR BUMPER UPPER RETAINER LH	1 PC	<i>Dis</i> 58.70	<i>✓</i>
4 REAR BUMPER SIDE RETAINER LH	1 PC	103.50	<i>7</i>
5 REAR BUMPER CLIPS	10 PC	<i>mu</i> 48.00	<i>✓</i>
6 REAR BUMPER EXTENSION LH	1 PC	87.10	<i>7</i>
		983.80	
	Less 25%	245.95	737.85
LABOUR			
7 TO REMOVE AND REINSTALL/REPLACE FUEL TANK, FIXTURE AND ATTACHMENTS.	1 PC	<i>mu</i> 80.00	<i>X</i>
8 TO REMOVE AND REINSTALL/REPLACE FRONT/REAR BUMPER SENSORS.	1 PC	60.00	<i>501</i>
9 TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	<i>mu</i> 60.00	<i>1</i>
10 TO DISMANTLE ALL DAMAGED PARTS.TO CUT & WELD.TO KNOCK & REPAIR RR FENDER LH,TAILAMP PANEL LH,REAR END PANEL LH INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	600.00	<i>200d</i>
11 TO SPRAY REAR BUMPER,REAR FENDER LH,TAILAMP PANEL LH,REAR END PANEL LH.	1 PC	700.00	<i>400d</i>
		1,500.00	1,500.00
	Total		S\$ 2,237.85

Add GST @ 7% 156.65

Total Amount Payable S\$ 2,394.50

TOTAL: SINGAPORE DOLLAR TWO THOUSAND THREE HUNDRED NINETY FOUR AND CENTS FIFTY ONLY

Please arrange this vehicle to be surveyed soonest possible.
Thank You

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:

Zila
Ah Lim Motor Company

AUTHORISED SIGNATURE

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	11/04/2022 11:30 (SGT)
Date of Accident	11/04/2022 08:20 (SGT)
Exact Location of Accident	180 Ang Mo Kio Ave 8, Singapore 569830
Additional Location Information	NANYANG POLYTECHNIC CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ5713Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JUSTIN TAN SIEW LON (CHEN XIULONG)
NRIC No	SXXXX973E
Email Address	TSL_JUSTIN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90118350
Alternative Phone No	+65-90118350

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	WISH 1.8 CVT
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	1798

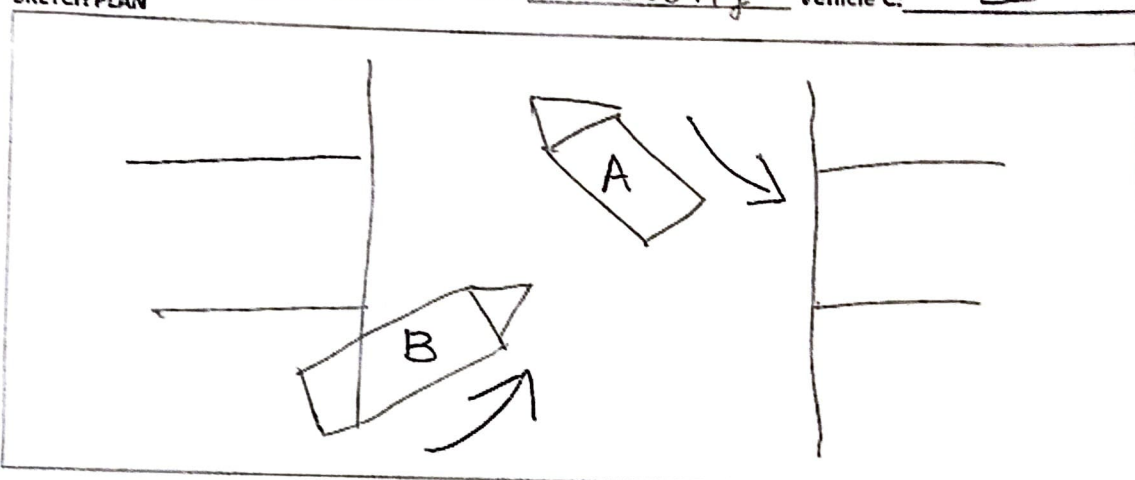
INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA557329/1
Cover Note Number	16/12/2021 - 15/12/2022

DRIVER

Name of Driver	JUSTIN TAN SIEW LON (CHEN XIULONG)
NRIC No	SXXXX973E

SKETCH PLAN #2
Date of accident: 11/4/22 Time: 820am Location: Nanyang Polytechnic carpark 11
My Vehicle A: SLJ 5713Z Vehicle B: SNE 5699J Vehicle C: —



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at carpark with my son at rear seat. I stopped my car and checked my rear mirror. Upon rear traffic clear, I reversed into a parking lot. Suddenly I felt an impact at my rear car left side. Please refer to video and pictures included with this report. Thank you.

☒ 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: TSL-JUSTIN@HOTMAIL.COM

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.

11/4/22 945am.
Policyholder's Signature
Date & Time:

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

Zila
Ah Lim Motor Company
Reporting Centre/Personnel's Signature
Name: COMPLETED 11 APR 2022
NRIC/FIN No.: