REF: AIG/

ASS. REC. BY: | REF: EQ/2200387I/KV y3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Optimp

of _____

Insured: GBG 633M

Policy No. _____

Claims No. DM22HO00649/JT

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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: 6-8 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: SKS 907J Yr Regn: 12, 15

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

Make: Toy Estima (A) c.c 2362

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

Sp.Reading 83985 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ACR50 · 0188453

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: _____

R: 235/50R18

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.	22/4/22	D.O.I.	26/4/2022

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
9/5/22	Kenneth informed LS $5400 (Red 5685.25, 51%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 9/5/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Fuel: _____ Others: _____

TOTAL _____

Report Format : TP

Lump Sum / ~~I.B.I~~ : ($ 5400

REF: 7116

OPTIMA WERKZ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212455W
www.ow.sg /OptimaWerkz /OptimaWerkz

Not Authorised

Date:	22/04/2022	Third Party Insurer:	EQ INSURANCE
Vehicle No:	SKS90J	Third Party Veh No:	GBG633M
Model:	TOYOTA ESTIMA AERAS PREMIUM 2.4	Date of Accident:	22/04/2022
Chassis:	ACR500188453-2015	Estimator:	TING AN
Reg.Year:	2015	Surveyor:	

L/Lamp & Reversing Sensor Paint

6-8 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S$	AMOUNT S$
1	REAR TAILGATE	1		$1,700.00
2	REAR TAILGATE "ESTIMA" EMBLEM	1		$88.00
3	REAR TAILGATE "AERAS" EMBLEM	1		$88.00
4	REAR WINDSCREEN MOULDING	1		$100.00
5	REAR TAILGATE INNER TRIM BOARD	1		$500.00
6	REAR TAILGATE INNER LOCK	1		$475.00
7	REAR TAILGATE WEATHERSTRIP	1		$355.00
8	REAR TAILGATE LAMP LH	1		$488.00
9	REAR TAILGATE LAMP RH	1		$488.00
10	REAR TAILGATE CHROME MOULDING	1		$398.00
11	REAR BUMPER	1		$585.00
12	REAR BUMPER SIDE BRACKET LH	1		$90.00
13	REAR BUMPER SIDE BRACKET RH	1		$90.00
14	REAR BUMPER INNER BRACKET LH	1		$77.00
15	REAR BUMPER INNER BRACKET RH	1		$77.00
16	REAR END PANEL	1		$660.00
17	REAR END PANEL UPPER COVER	1		$275.00
18	REAR FLOOR PANEL	1		$757.00
19	REAR FENDER INNER TRIM BOARD LH	1		$838.00
20	REAR FENDER INNER TRIM BOARD RH	1		$838.00
21	REAR FENDER LH	1		REPAIR
22	REAR FENDER RH	1		REPAIR
			SUB TOTAL	$8,967.00
			LESS 25%	-$2,241.75
			PARTS TOTAL	$6,725.25

NO.	SPECIAL NETT	QTY	UNIT S$	AMOUNT S$
1	REAR WINDSCREEN SEALANT	1		$80.00
2	REAR BUMPER CLIPS	1		$60.00
3	REAR BUMPER REVERSE SENSOR	1		$300.00
4	REAR END PANEL JOINT SEALANT	1		$80.00
5	REAR END PANEL UPPER COVER CLIPS	1		$50.00
6	REAR FENDER INNER TRIM BOARD CLIPS LH	1		$50.00
7	REAR FENDER INNER TRIM BOARD CLIPS RH	1		$50.00
8	REAR NUMBER PLATE & HOLDER	1		$50.00
			S/N TOTAL	$720.00

Head office
6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch
9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)
Blk 10 Ang Mo Kio Ind Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011

OPTIMA WERKZ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212455W
www.ow.sg /OptimaWerkz /OptimaWerkz

Date:	22/04/2022	Third Party Insurer:	EQ INSURANCE
Vehicle No:	SKS90J	Third Party Veh No:	GBG633M
Model:	TOYOTA ESTIMA AERAS PREMIUM 2.4	Date of Accident:	22/04/2022
Chassis:	ACR500188453-2015	Estimator:	TING AN
Reg.Year:	2015	Surveyor:	

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE,REPLACE,REFIX,REPAIR & READJUST REAR ACCIDENT AREAS & ETC.	$1,500.00	7
LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR BUMPER, REAR END PANEL, REAR FLOOR PANEL, REAR FENDER LH, REAR FENDER RH & ETC.	$1,500.00	8 00
LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREEN GLASS, REAR WINDSCREEN SEALANT, REAR WINDSCREEN MOULDING & ETC. TO EFFECT REPLACE OF REAR TAILGATE.	$150.00	12 01
LABOUR CHARGES TO REMOVE & REINSTALLED REAR TAILGATE INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.	$120.00	6 01
LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.	$100.00	5 01
TO TUFF KOTE & UNDERSEAL MATERIALS.	$150.00	7
TO CHECK WIRING & CENTRAL LOCKING SYSTEM.	$120.00	2 01
LABOUR TOTAL	$3,640.00	

TING AN **TOTAL** **$11,085.25**

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:

SA19224M0006 / AH LIM MOTOR COMPANY (MAIN)
ENTRY DATE & TIME: 22/04/2022 16:38 (SGT)
SUBMITTED BY: ZILA
VERSION: 1 (22/04/2022 16:38 (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	22/04/2022 16:38 (SGT)
Date of Accident	22/04/2022 10:45 (SGT)
Exact Location of Accident	Paya Lebar Rd, Singapore
Additional Location Information	SLIP RD OF PAYA LEBAR RD TWDS PIE (TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS90J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEW PAULINE
NRIC No	SXXXX259E
Email Address	PAULINENEW.SIM@GMAIL.COM
Mobile Phone No	(Phone) +65-98759589
Alternative Phone No	+65-96779997

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
Variant	ESTIMA AERAS PREMIUM 2.4 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	2362

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10310910R02
Cover Note Number	28/12/2021 - 27/12/2022

DRIVER

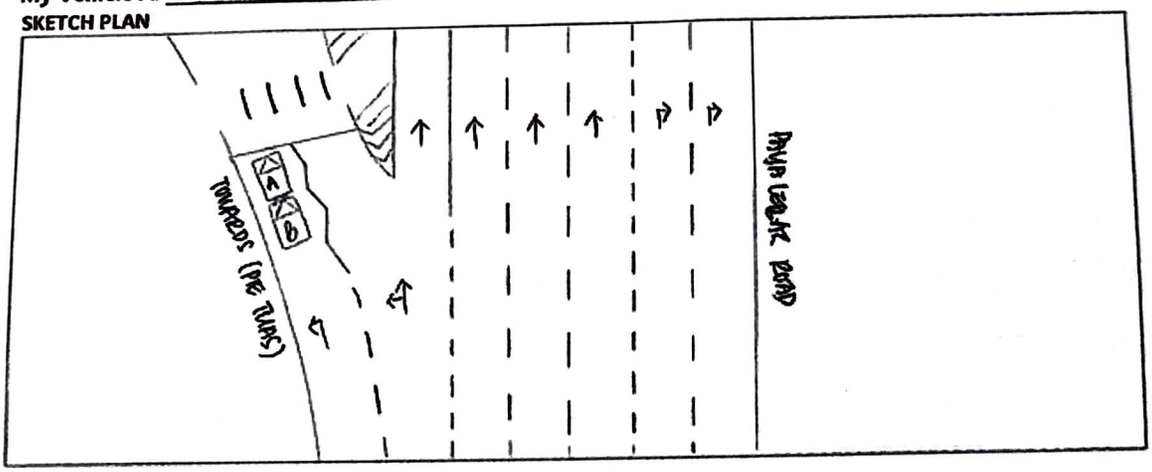
Name of Driver	JAOSN SIM CHON ANG
NRIC No	SXXXX051F

SKETCH PLAN #2

Date of accident: 22/04/2022 Time: 10:45 HRS Location: SLIP ROAD OF PAYA LEBAR ROAD TOWARDS PIE (TUAS)

My Vehicle A: SKS90J Vehicle B: GBG6223M Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT : T/20220422/7048.

☐ 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 : OPTIMA VEHICLE PTE LTD

Email address : KAITLYN-CHIO@OVL.SG

& myself :

Email address : PAULINEANN.SIM@GMAIL.COM / IAMJASONSIM@GMAIL.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.

Policyholder's Signature
Date & Time:

22/04/2022
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Zita
Ah Lim Motor Company
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

COMPLETED 22 APR AH LIM MOTOR COMPANY