ASS. REC. BY: Kenneth | REF: AIS/ 2200416O/KV

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: SLT 6038E

Policy No. _____

Claims No. NTAISCL2021-00012SL

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: 02 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: SCY 6988Z Yr Regn: 11, 15

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

Make: Toy Camry (A) c.c 1998

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

Sp.Reading 124541 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR0530K5100 104524

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: 215/60R16

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.	25/4/22	D.O.A.	6/5/2022

Survey held at _____

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

O/S Rear body

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

Date / Time	Action / Instruction
1/8/22	Kenneth informed final fig ~~$1088.70~~ (Red 7356.68, 87%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 1/8/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS ___ SI

Parking _____

Others _____

TOTAL _____

Report Format : TP

~~Lump Sum~~ / I.B.I: ($ 1088.70

AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Autopoint Singapore 568047
TEL: 6453 1244 (4 lines) FAX: 6453 6170 Email: [illegible]
GST M9-0009659-E RCB NO.064703008

SURVEYOR COPY

M/S : TAY LING FONG
110 SELETAR GREEN VIEW

SINGAPORE 805089

ATTN:

Estimate No:	MC1902640
Date:	27 Apr 2022
Policy No:	MT/00970642
Veh Reg No:	SCY6968B
Make/Model:	TOYOTA CAMRY 2.0 AUTO

Your Ref No:	SCY6968B
Claim Type:	Third Party
Accident Date:	25/04/2022
TP Veh Reg No:	SLT6038E

Not Authorised
Recovery After Repair

2days

Estimate Repair Cost to Vehicle No :SCY6968B

	Description	Quantity	List Price S$	Amount S$
	SPARE PARTS			
1	REAR DOOR RH	1 PC	1,597.40	
2	REAR DOOR RUBBER (AT DOOR) RH	1 PC	217.30	
3	REAR DOOR RUBBER (AT DOOR) BTM RH	1 PC	79.50	
4	REAR DOOR RUBBER (AT BODY) RH	1 PC	310.60	
5	REAR DOOR LOCK RH	1 PC	595.70	
6	SIDE SKIRT RH	1 PC	633.30	
7	SIDE SKIRT CLIPS	7 PC	80.50	
8	REAR FENDER RH	1 PC	1,137.00	
9	REAR FENDER COWLING RH	1 PC	202.20	
10	REAR FENDER COWLING CLIPS	8 PC	36.00	
11	REAR WINDSCREEN MLDG	1 PC	967.20	
12	REAR WINDSCREEN MLDG BTM - CHECK PRICE	1 PC	0.00	
13	REAR BUMPER	1 PC	695.80	
14	REAR BUMPER REFLECTOR RH	1 PC	63.40	
15	REAR BUMPER SIDE RETAINER RH	1 PC	117.40	
16	REAR BUMPER CLIPS	8 PC	38.40	
17	REAR BUMPER REINFORCEMENT	1 PC	423.90	
18	REAR AIR VENT RH	1 PC	144.90	
			7,340.50	
		Less 25%	1,835.13	5,505.38
	Special Nett			
19	INNER SEAL	1 PC	20.00	
20	WINDSCREEN SEALANT	1 PC	40.00	
21	PARKIGN SENSOR 4-IN-1 SET	1 PC	400.00	
			460.00	460.00
	LABOUR			
22	TO CHECK AND RE-ADJUST WHEEL ALIGNMENT.	1 PC	80.00	
23	TO REMOVE AND REINSTALL/REPLACE FRONT/REAR WINDSCREEN.	1 PC	120.00	
24	TO DISMANTLE AND TRANSFER DOOR FITTINGS AND MECHANISM SUCH AS POWER WINDOW MOTOR AND REGULATOR TO NEW DOOR/FACILITATE REPAIR.	1 PC	120.00	
25	TO REMOVE AND REINSTALL/REPLACE QUARTER GLASS.	1 PC	60.00	
26	TO REMOVE AND REINSTALL CUSHIONS, SEATS, BACKREST, INNER TRIM, GARNISH, ROOF LINING OR UPHOLSTERY TO FACILITATE REPAIRS.	1 PC	180.00	

Zila
Ah Lim Motor Company

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 : TAY LING FONG
110 SELETAR GREEN VIEW

SINGAPORE 805089

ATTN:

Estimate No:	**MC1902640**
Date:	27 Apr 2022
Policy No:	MT/00970642
Veh Reg No:	**SCY6968B**
Make/Model:	TOYOTA CAMRY 2.0 AUTO

Your Ref No:	SCY6968B
Claim Type:	Third Party
Accident Date:	25/04/2022
TP Veh Reg No:	SLT6038E

Estimate Repair Cost to Vehicle No :SCY6968B

	Description	Quantity	List Price S$	Amount S$
27	TO REMOVE AND REINSTALL/REPLACE FRONT/REAR BUMPER SENSORS.	1 PC	60.00	60
28	TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	60.00	X
29	TO DISMANTLE ALL DAMAGED PARTS.TO CUT & WELD REAR FENDER RH.TO KNOCK & REPAIR REAR WHEELHOUSE PANEL RH,REAR END PANEL INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	800.00	200
30	TO SPRAY REAR DOOR RH,SIDE SKIRT RH,REAR FENDER RH,REAR BUMPER,REAR END PANEL.	1 PC	1,000.00	200
			2,480.00	2,480.00
			Total	S$ 8,445.38
			Add GST @ 7%	591.18
			Total Amount Payable	S$ 9,036.56

TOTAL: SINGAPORE DOLLAR NINE THOUSAND THIRTY SIX AND CENTS FIFTY SIX ONLY

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

For AH LIM MOTOR COMPANY

Zila
Ah Lim Motor Company

AUTHORISED SIGNATURE

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	25/04/2022 12:48 (SGT)
Date of Accident	25/04/2022 07:33 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS BRADDELL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCY6968B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY LING FONG
NRIC No	SXXXX017E
Email Address	LINGFONGTAY@GMAIL.COM
Mobile Phone No	(Phone) +65-96285689
Alternative Phone No	+65-96285689

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	CAMRY 2.0 AUTO
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/00970642
Cover Note Number	05/11/2021 - 04/11/2022

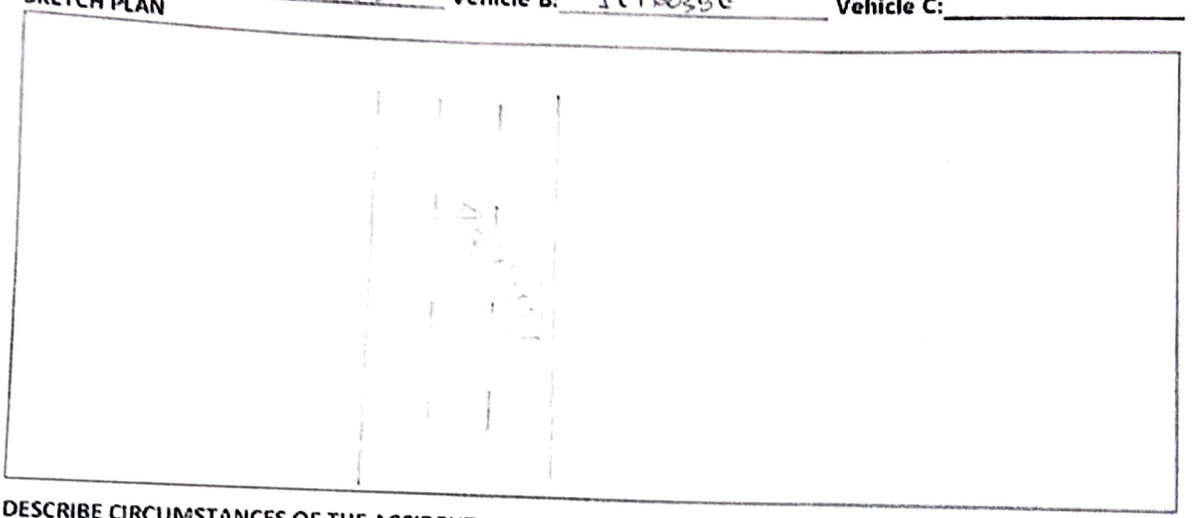
DRIVER

Name of Driver	TAY LING FONG
NRIC No	SXXXX017E

Date of accident: 25 APR 2022 Time: 7.23am Location: CTE towards Bradell

My Vehicle A: SCY6269B Vehicle B: SLT6039E Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along lane 1 trying to filter to lane 2 and I signalled left. While filtering, vehicle B didn't slow down and hit my vehicle from behind. No one is injured.

☑ 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:

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

Zita
Ah Lim Motor Company

Reporting Centre Personnel's Signature
Name:
NRIC:

COMPLETED 25 APR 2022

Accident report SA1022AR0008