

ASS. REC. BY:

REF: C12/22004522/Kgc

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. SNM22D203285/C02

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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: _____

1-B1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLL 3997Z

Yr Regn: 02 17

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

Truck / Trailer or

MPV

Make: Toy wish

c.c

1798

Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 9272P

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J706620W20J006435

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / RIM or

Tyre Size: F: 185/65R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 4

mm

R/Bal. 4

mm

L/Bal. 4

mm

L/Bal. 4

mm

D.O.A. 11/5/22

D.O.I. 17/5/2022

Survey held at

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

Rt old

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

Date / Time Action / Instruction

07/06/22 @ 3.56pm revised to Jacqueline Tan via Merimen.

Kenneth finalised final fig \$1758.93, 3 days. (Red \$2828.77, 62%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 12/04 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: MER-TP

Lump Sum / I.B.I: (\$ 1758.93

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

17/5/22
SURVEYOR COPY

M/S : TAN HEOK NGEE
BLK 450E TAMPINES STREET 42
#09-400
SINGAPORE 525450

Estimate No: MC1902674
Date: 12 May 2022
Policy No: MT/00764838/02
Veh Reg No: SLL3997Z
Make/Model: TOYOTA WISH 1.8 CVT

ATTN:
Your Ref No: -
Claim Type: Third Party
Accident Date: 11/05/2022
TP Veh Reg No: YP1203U

*Not authorized
Returning after 3 days*

Estimate Repair Cost to Vehicle No :SLL3997Z

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
SPARE PARTS			
1 FRONT BONNET	1 PC	<i>R</i> 1,037.80	<i>X</i>
2 FRONT BONNET EMBLEM	1 PC	<i>m</i> 67.80	<i>✓</i>
3 FRONT BONNET LOCK	1 PC	<i>R</i> 119.10	<i>X</i>
4 FRONT BONNET RUBBER	1 PC	<i>h</i> 47.30	<i>X</i>
5 FRONT BONNET INSULATOR CLIPS	6 PC	<i>m</i> 21.00	<i>X</i>
6 FRONT BONNET HINGE RH	1 PC	<i>R</i> 71.50	<i>✓</i>
7 HEADLAMP RH	1 PC	<i>CVT</i> 1,344.10	<i>✓</i>
8 FRONT BUMPER	1 PC	<i>R</i> 626.70	<i>X</i>
9 FRONT BUMPER SIDE RETAINER RH	1 PC	<i>m</i> 66.60	<i>✓</i>
10 FRONT BUMPER CLIPS	1 PC	<i>m</i> 4.80	<i>✓</i>
11 FRONT FENDER RH	1 PC	<i>R</i> 1,049.00	<i>X</i>
12 FRONT FENDER COWLING RH	1 PC	<i>h</i> 183.10	<i>✓</i>
13 FRONT FENDER COWLING CLIPS	8 PC	<i>m</i> 24.80	<i>X</i>
		4,663.60	
	Less 25%	1,165.90	3,497.70
LABOUR			
14 TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKETS AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS, TEST AND RECTIFY FOR PROPER FUNCTIONING.	1 PC	40.00	<i>201</i>
15 TO DISMANTLE ALL DAMAGED PARTS. TO KNOCK & REPAIR FRONT INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	400.00	<i>2801</i>
16 TO SPRAY BONNET, FRONT BUMPER, FRONT FENDER RH	1 PC	650.00	<i>4001</i>
		1,090.00	1,090.00

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 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	12/05/2022 15:57 (SGT)
Date of Accident	11/05/2022 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 664 YISHUN AVE 4 OPEN CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3997Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN HEOK NGEE
NRIC No	SXXXX250F
Email Address	NBESTRADING@GMAIL.COM
Mobile Phone No	(Phone) +65-96694140
Alternative Phone No	+65-96694140

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	WISH 1.8 CVT
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	1798

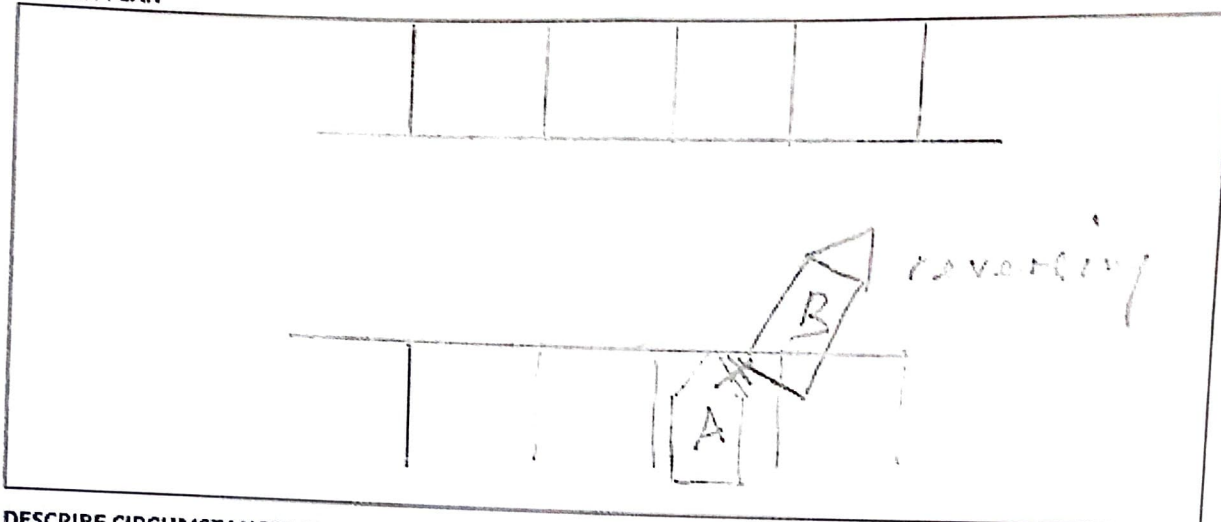
INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00764838/02
Cover Note Number	24/02/2022 - 23/02/2023

DRIVER

Name of Driver	TAN HEOK NGEE
NRIC No	SXXXX250F

open car park
Date of accident: 11/5/22 Time: 17:00 Location: Blk 664 Yishun Ave 4
My Vehicle A: SL39972 Vehicle B: TP12034 Vehicle C: _____
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No.
T/20220511/7036

After viewing the video clips vehicle B reversing the vehicle accidentally hit onto my vehicle at the front right headlamp & bumper & bonnet

☒ 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:

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

