

ASS. REC. BY:

REF:

CT2 / 22004917/Kg3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

SNM22D203568

Sum Insured:

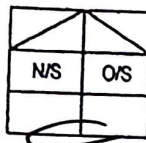
Excess:

(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:

02

days

Res.: Yes or No

Lum Sum:

1-B.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

31/05/22@3.19pm revised to Irene Tay via Merimen.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS, SI

F. Photos

Others

TOTAL

Report Format:

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

Veh No:

SLX 2907C

Yr Regn:

02 17

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

Truck / Trailer or

Make:

M. E2200

c.c

1950

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

89891

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2130042A 06 9648

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

245/45R18

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.

19/5/22

D.O.I.

30/5/2022

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

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

SURVEYOR COPY

M/S : LIM HANG TIONG
74 SELETAR GREEN WALK

SINGAPORE 805278

TEL: 93869136

ATTN:

Your Ref No: SLX2907C

Claim Type: Third Party

Accident Date: 19/05/2022

TP Veh Reg No: SBU64G

Estimate No: MC1902700

Date: 24 May 2022

Policy No: GA336616/1

Veh Reg No: SLX2907C

Make/Model: M.BENZ E220D AUTO

*Not Authorised
Repairing B&P claim
2 days*

Estimate Repair Cost to Vehicle No :SLX2907C

Description	Quantity	List Price	Amount
		S\$	S\$
SPARE PARTS			
1 REAR BUMPER + TOW COVER	1 PC	Bu 1,950.00	✓
2 REAR BUMPER REFLECTOR RH	1 PC	Bu 33.00	X
3 REAR BUMPER LOWER GARNISH	1 PC	305.00	?
4 REAR BUMPER LOWER GARNISH CHROME MLDG CTR	1 PC	330.00	?
5 REAR BUMPER LOWER GARNISH CHROME MLDG RH	1 PC	Bu 160.00	X
6 REAR BUMPER REINFORCEMENT	1 PC	890.00	?
7 REAR BUMPER BASIC CARRIER CTR	1 PC	Bu 128.00	X
8 REAR BUMPER BASIC CARRIER UPPER LH & RH	2 PC	Bu 66.00	X
9 REAR BUMPER BASIC CARRIER LOWER LH & RH	2 PC	Bu 150.00	X
10 REAR BUMPER SIDE RETAINER LH & RH	2 PC	Bu 184.00	X
11 REAR BUMPER RIVET	15 PC	105.00	?
12 REVERSE SENSOR CTR LH & RH	2 PC	Bu 560.00	X
13 REVERSE SENSOR RING	4 PC	Bu 28.00	X
14 REVERSE SENSOR WIRE HARNESS	1 PC	Bu 490.00	X
		5,379.00	
	Less 10%	537.90	4,841.10
LABOUR			
15 TO REMOVE AND REINSTALL/REPLACE FRONT/REAR BUMPER SENSORS.	1 PC	60.00	✓
16 TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	Bu 60.00	X
17 TO DISMANTLE ALL DAMAGED PARTS TO CUT & WELD TO KNOCK & REPAIR REAR END PANEL INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	500.00	2201
18 TO SPRAY REAR BUMPER, REAR END PANEL.	1 PC	500.00	2501
		1,120.00	1,120.00

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	20/05/2022 14:59 (SGT)
Date of Accident	19/05/2022 18:15 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE TO PUNGGOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX2907C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM HANG TIONG
NRIC No	SXXXX842H
Email Address	LIMWEIYI89@GMAIL.COM
Mobile Phone No	(Phone) +65-97354850
Alternative Phone No	+65-93887134

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220d
Variant	E220D 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	1950

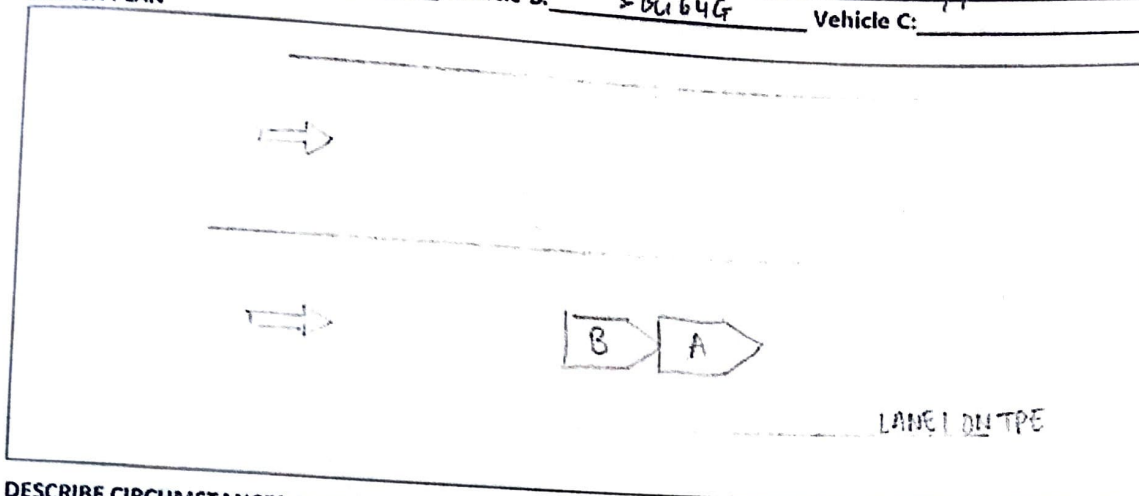
INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA336616/1
Cover Note Number	13/08/2021 - 12/08/2022

DRIVER

Name of Driver	LIM WEI YI
NRIC No	SXXXX331H

Date of accident: 19/5/22 Time: 6:15pm Location: TPE to Ponggol
My Vehicle A: SLX2907C Vehicle B: SBU64G Vehicle C: _____
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Lim Wei Yi (S8933331H), driver of SLX2907C, was driving on TPE towards Ponggol on 19th May 2022 when a car from behind, SBU64G, driver by name Mr. Alan Tan Yeah Luen (S7316469I) bump into my car on Lane 1 at approximately 18:15 - 18:25 hrs..

☒ 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:

COMPLETED 7 MAY 2022
AH LIM MOTOR COMPANY