ASS. REC. BY: Kenneth

REF: ICS/2200520 7/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: SJU 9707G

Policy No. _____

Claims No. DMPC2200220H/02/CT

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10.30am

(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: 04 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKU 7879U Yr Regn: 03, 19

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

Make: Honda Shuttle c.c 1496

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 27295 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP7 - 2002598

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 185/60R13

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	28/5/22	D.O.I.	2/6/2022

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
22/8/22	Kenneth informed final fig $3327.64 (Red 2359.28, 41%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 22/8/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: ___S + RS. ___SI

Parking

Others

TOTAL

Report Format : Merimen

~~Lump Sum~~ / I.B.I: ($ 3327.64)

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 : HAN WEI KEVIN TOH
416C FERNVALE LINK
#18-84
SINGAPORE 793416
TEL: 90699307
ATTN:

Estimate No: **MC1902718**
Date: 31 May 2022
Policy No: P10706335R00
Veh Reg No: **SKU7879U**
Make/Model: HONDA SHUTTLE HYBRID 1.5A

Your Ref No: SKU7879U
Claim Type: Third Party → Excl
Accident Date: 28/05/2022
TP Veh Reg No: SJU9707G

Estimate Repair Cost to Vehicle No :SKU7879U

	Description	Quantity	List Price S$	Amount S$
	SPARE PARTS			
1	REAR WINDSCREEN MLDG	1 PC	149.20	
2	TAILGATE	1 PC	1,193.20	
3	TAILGATE SHUTTLE LOGO	1 PC	89.40	
4	TAILGATE HYBRID LOGO	1 PC	80.10	
5	TAILGATE INNER TRIM LOWER	1 PC	220.70	
6	TAILGATE LOCK	1 PC	256.90	
7	TAILGATE RUBBER	1 PC	168.20	
8	REAR BUMPER	1 PC	1,150.90	
9	REAR BUMPER REFLECTOR LH	1 PC	54.70	
10	REAR BUMPER REFLECTOR COVER LH	1 PC	45.20	
11	REAR BUMPER SIDE RETAINER LH	1 PC	24.30	
12	REAR BUMPER CLIPS	8 PC	28.00	
13	REAR END PANEL	1 PC	560.40	
14	REAR END PANEL GARNISH	1 PC	155.50	
15	REAR KEYLESS ANTENNA	1 PC	58.10	
16	REAR BUZZER	1 PC	80.10	
			4,314.90	
	Ah Lim Motor Company	Less 20%	862.98	3,451.92
	Special Nett			
17	INNER SEAL	1 PC	20.00	
18	WINDSCREEN SEALANT	1 PC	40.00	
19	NUMBER PLATE	1 PC	35.00	
20	REVERSE SENSOR	1 SET	200.00	
			295.00	295.00
	LABOUR			
21	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	
22	TO REMOVE AND REINSTALL/REPLACE FRONT/REAR WINDSCREEN.	1 PC	120.00	
23	TO REMOVE AND REINSTALL/REPLACE WIPER COMPARTMENT SUCH AS WIPER MOTORS AND WIPER BLADES.	1 PC	60.00	
24	TO REMOVE AND REINSTALL/REPLACE FRONT/REAR BUMPER SENSORS.	1 PC	60.00	
25	TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	60.00	
26	TO DISMANTLE ALL DAMAGED PARTS.TO CUT & WELD REAR END PANEL.TO KNOCK & REPAIR SPARE TYRE PANEL AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	800.00	

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 : HAN WEI KEVIN TOH
416C FERNVALE LINK
#18-84
SINGAPORE 793416
TEL: 90699307
ATTN:

Estimate No: **MC1902718**
Date: 31 May 2022
Policy No: P10706335R00
Veh Reg No: **SKU7879U**
Make/Model: HONDA SHUTTLE HYBRID 1.5A

Your Ref No: SKU7879U
Claim Type: Third Party
Accident Date: 28/05/2022
TP Veh Reg No: SJU9707G

Estimate Repair Cost to Vehicle No :SKU7879U

	Description	Quantity	List Price S$	Amount S$
27	TO SPRAY TAILGATE,REAR BUMPER,RR END PANEL, SPARE TYRE PANEL.	1 PC	800.00	440
			1,940.00	1,940.00

Total	S$ 5,686.92
Add GST @ 7%	398.08
Total Amount Payable	S$ 6,085.00

TOTAL: SINGAPORE DOLLAR SIX THOUSAND EIGHTY FIVE 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	30/05/2022 15:08 (SGT)
Date of Accident	28/05/2022 16:50 (SGT)
Exact Location of Accident	Sengkang E Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU7879U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAN WEI KEVIN TOH
NRIC No	SXXXX635J
Email Address	HANWEI84@GMAIL.COM
Mobile Phone No	(Phone) +65-98596335
Alternative Phone No	+65-90699307

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	SHUTTLE HYBRID 1.5 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	1496

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10706335R00
Cover Note Number	13/03/2022 - 12/03/2023

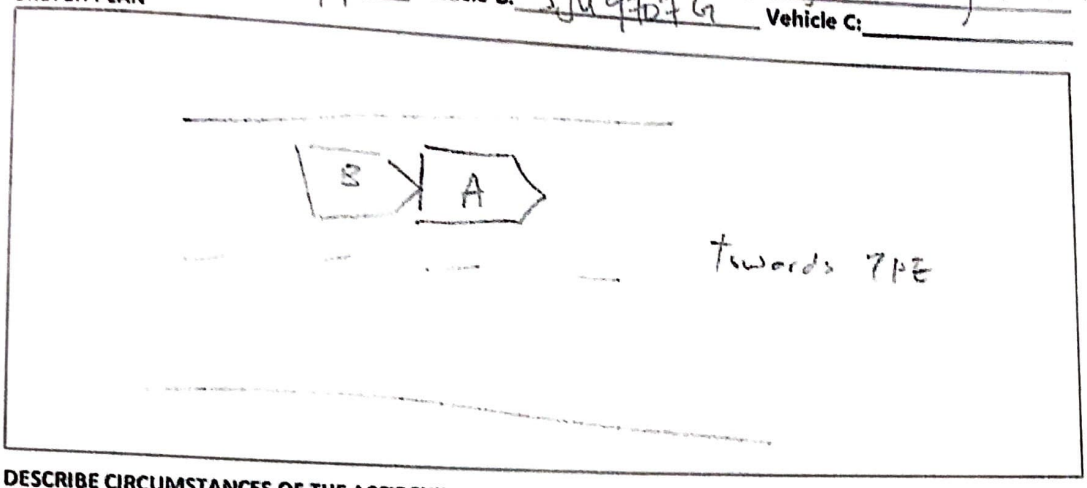
DRIVER

Name of Driver	KEH CHEE LU
NRIC No	SXXXX557C

Date of accident: 28/5/2022 Time: 4.50pm Location: Sengkang East way exit TPE

My Vehicle A: SKU 7879U Vehicle B: SJU 9707G Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I exiting towards TPE highway from Sengkang East way, with very slow speed as traffic was quite congested. Suddenly I heard loud bang from the back of my car. Vechicle SJU 9707G hit on the rear bumper and rear door of my car.

☑ 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 5 MAY 2022