ASS. REC. BY:	220052071KV
· · · · · · · · · · · · · · · · · · ·	
riom;	SIGNMENT
Estimated Cost:	_ Veh No: 1KU 7879U Yr Regn: 03, 19
OD TIPLWS / TP RES / OD RES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
worker vehicle No:	Truck/Trailer or . Wagan  Make: Hunda Shuttle c.c 1496
at Workshop m/s  Ah Lim	
of	Colour M.P. White A/C: Insured / Std / NI / NA
Insured:	Sp.Reading 27295 T/Radio: Insured / Std / NI / NA Eng/No:
Policy No.	C/No: CP7 · 2002599
Claims No.	Gen. Cond: Good' Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorger / Jammed / Leaked / Burnt or
(Client's Record)	-
Make of Veh:	Brake: Inorder / Jammed / Leaked J Burnt or  Modi: Nil /S/Rim / STD A/Rim or
10.30am	
(Policy Condition)	
Remark: The veh had commenced its N/S O/S	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA MIC OHTSU / PIR / SUMI /
Bal. or Market Value:	TOYO / YOKO or
IDAC Accident Rport: Consistent? : Yes or No	Front Rear
GIA / PR Seen: Consistent? : Yes or No	R/Bal.
Est. Repairs: OF days Res.: Yes or No	L/Bal. 7 mm L/Bal. 7 mm
days thos. Tes of No	D.O.A. 28/5/22 D.O.I. 2/6/202
J Val., Tes Of No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear I O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
/ // // // // // // // // // // // // /	
Cate/Time, File Pass to? : Prell. Report Da	ys Of Repair:
<del>-</del>	
Cute/Time, File Return to?	survey No. of Trip: Survey Fee:
<b>-</b>	
	Transportation:
Add Fee:	: Site Insp (\$ )s - RSSI
Add Fee:	
,	: Site Insp (\$ )_\$ -RSSI : Interview (\$ ) Funds
Report Format :	: Site Insp (\$ )S - RSSI : Interview (\$ ) Fixed as Tech Invs (\$ ) Others
,	: Site Insp (\$ )_\$ -RSSI : Interview (\$ ) Funds

## 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

KK

1030.

M/S: HAN WEI KEVIN TOH

416C FERNVALE LINK

#18-84

SINGAPORE 793416

TEL:

90699307

ATTN:

MACTA

SKU7879U

Claim Type:

Third Party -> Euc

Accident Date:

Your Ref No:

28/05/2022

TP Veh Reg No: SJU9707G SURVEYOR COPY

**Estimate No:** MC1902718

Date:

31 May 2022

Policy No:

P10706335R00

Veh Reg No:

SKU7879U

HONDA SHUTTLE

HYBRID 1.5A

Makering Not Not Notherital

Plearney B& paint

Aday,

Estimate Renair Cost to Vehicle No :SKIJ78791

Estimate Repair Cost to Vehicle No :	SKU7879U	
Description	Quantity	List Price Amount
SPARE PARTS		<u>s\$</u>
1 REAR WINDSCREEN MLDG		Ma 149.20 ~
2 TAILGATE	1 PC	R 1,193.20
3 TAILGATE SHUTTLE LOGO	1 PC 1 PC	1,193.20
4 TAILGATE HYBRID LOGO	1 PC	M 80.10
5 TAILGATE INNER TRIM LOWER	1 PC	220.70 X
6 TAILGATE LOCK	1 PC	₹ 256.90 X
7 TAILGATE RUBBER	1 PC	n 168.20 X
8 REAR BUMPER	1 PC	Bu 1,150.90
9 REAR BUMPER REFLECTOR LH	1 PC	\$n 54.70 x
10 REAR BUMPER REFLECTOR COVER LH	1 PC	<i>f</i> ← 45.20 ¥
11 REAR BUMPER SIDE RETAINER LH	1 PC	P <sub>2</sub> 24.30 ★
12 REAR BUMPER CLIPS	8 PC	128.00 <u> </u>
13 REAR END PANEL	1 PC	★ 560.40 ★
14 REAR END PANEL GARNISH	1 PC	/m 155.50 /
15 REAR KEYLESS ANTENNA	1 PC	58.10 <b>≥</b>
16 REAR BUZZER	1 PC	اب 80.10 X
71ta		4,314.90
Ah Lim Mc cop Company	Less 20%	862.98 3,451.9
Special Nett		
17 INNER SEAL	1 PC	na 20.00 -
18 WINDSCREEN SEALANT	1 PC	n 40.00 —
19 NUMBER PLATE	1 PC	^
20 REVERSE SENSOR	1 SET	33.00
TO THE PERIOD SERVICES.	ISEI	
		295.00 295.0
LABOUR		
11 TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKETS	1 PC	40.00 15/
AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS, TEST AND RECTIFY FOR PROPER FUNCTIONING.		
	1.00	100.00
TO REMOVE AND REINSTALL/REPLACE FRONT/REAR WINDSCREEN.	1 PC	120.00
3 TO REMOVE AND REINSTALL/REPLACE WIPER COMPARTMENT SUCI AS WIPER MOTORS AND WIPER BLADES.	H 1 PC	60.00
TO REMOVE AND REINSTALL/REPLACE FRONT/REAR BUMPER SENSORS.	1 PC	60.00 50
TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	60.00 301 800.00 400
TO DISMANTLE ALL DAMAGED PARTS.TO CUT & WELD REAR END	1 PC	800 00 4-
PANEL.TO KNOCK & REPAIR SPARE TYRE PANEL AND AFFECTED	110	000,00 FOO
AREAS. TO REFIT LISTED PARTS BACK SAME.		
AUGUS, TO REFTI LISTED FAIRTS DACK SAME.		

## 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: ATTN:

90699307

Your Ref No:

SKU7879U

Claim Type:

Third Party

Accident Date:

28/05/2022

TP Veh Reg No: SJU9707G

Estimate No: MC1902718

Date:

31 May 2022 P10706335R00

Policy No:

SKU7879U

Veh Reg No: Make/Model:

HONDA SHUTTLE

HYBRID 1.5A

Estimate Repair Cost to Vehicle No :SKU7879U

Desc	cription	Quantity	List Price	Amount
27 TO SI PANE	PRAY TAILGATE,REAR BUMPER,RR END PANEL, SPARE TYRE EL.	1 PC	<u>\$\$</u> 800.00	4401 SS
		-	1,940.00	1,940.00
			Total	S\$ 5,686.92
		Add G	ST @ 7%	398.08
ТОТА	I - SINGA BODE DOLLAR GUA	Total Amour	nt 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

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:

AUTHORISED SIGNATURE

Claims No

Sum Insu

(Client

Make of

Polic Pemar

21.0

Lun

CA

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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

3. Information provided must be as trunnul and accurate as possible. Any willul misrepresentation or witholding of this record 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.

## **ACCIDENT STATEMENT**

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

30/05/2022 15:08 (SGT) 28/05/2022 16:50 (SGT) Sengkang E Way, Singapore

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SKU7879U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

No

HAN WEI KEVIN TOH

SXXXX635J

HANWEI84@GMAIL.COM

(Phone) +65-98596335

+65-90699307

**VEHICLE PARTICULARS** 

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Honda

Shuttle

**SHUTTLE HYBRID 1.5 AUTO** 

Private use

No - Claiming third party

Private car

Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

**Policy Number** 

Cover Note Number

Auto & General Insurance (Singapore) Pte. Limited.

Comprehensive

No

P10706335R00

13/03/2022 - 12/03/2023

DRIVER

Name of Driver

NRIC No

KEH CHEE LU SXXXX557C



	0	cation: Serytang buck very ext.
N. sand	\\ \( \alpha \) \( \A \) \( \alpha \)	twords 7PE
DESCRIBE CIRCUMSTAN	VCES OF THE ACCIDENT	to which the control of the control
while I exite with very slo  I heard look hat on the re	in speed as traffic was up bary from the back or browner and rear disc	from Serykary East way, quite conjected. Suddenly if my car. Vecticle SJu 97 As my car.
Remarks: Please forwar Ny workshop: mail address: myself:	Lim Motor Claim OD/TP at ot rd a copy of my efile accident report to :	her workshop Reporting Only
temarks: Please forwar ify workshop: mail address: myself: mail address:	rd a copy of my efile accident report to :	e for you to submit own down on the
Remarks: Please forwar  Ny workshop: mail address: mail address: mail address:  ote: Please take note to bu own policy. Kindly ch  ARATION  declare the foregoing part	rd a copy of my efile accident report to :	e for you to submit own dozen as at-
wiy workshop:  mail address:  myself:  mail address:  ote: Please take note to  ou own policy. Kindly ch	rd a copy of my efile accident report to : hat your insurer have 14 days timeframe heck with your own insurer for more inf	e for you to submit own down on the

, melli