ASS. REC. BY: Kenneth | REF: CTZ/ 22005333/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: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

1.30pm

(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: 2-3 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: SLR 2068E Yr Regn: 01, 09

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

Make: Suz Swift c.c 1586

Colour M.D. Blue A/C: Insured / Std / NI / NA

Sp.Reading 198577 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JSAEZC31S 00 202177

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: B.S 205/45ZR16

R: _____

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	6 mm
L/Bal.	5 mm	L/Bal.	6 mm
D.O.A.	1/6/22	D.O.I.	8/6/2022

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
1/11/22	Kenneth informed LS $2600 (red 1244.36, 32%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 1/11/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Fines _____

Others _____

TOTAL _____

Report Format : Merimen

Lump Sum / ~~I.B.I.~~ ($ 2600

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 : NG WAI MUN
14 DEDAP PLACE

SINGAPORE 809513

LKC
130

ATTN:
Your Ref No: SLR2068E
Claim Type: Third Party → CHINA
Accident Date: 01/06/2022
TP Veh Reg No: SLU6466Y

Estimate No: **MC1902730**
Date: 03 Jun 2022
Policy No: MT/00574157/03
Veh Reg No: **SLR2068E**
Make/Model: SUZUKI SWIFT 1.6 MT

NOT Authorised
U Sing 8
Resurvey After Paint

2-3 days

Estimate Repair Cost to Vehicle No :SLR2068E

	Description	Quantity	List Price S$	Amount S$
	SPARE PARTS			
1	REAR BUMPER	1 PC	769.50	
2	REAR BUMPER LOWER GRILLE	1 PC	1,621.40	
3	REAR BUMPER LOWER GRILLE CTR COVER	1 PC	35.70	
4	REAR BUMPER REINFORCEMENT BKT	2 PC	56.10	?
5	REAR BUMPER SIDE RETAINER LH & RH	2 PC	50.00	X
6	REAR BUMPER CLIPS	4 PC	20.00	
7	REAR BUMPER NO PLATE LAMP LH & RH	2 PC	53.60	?
8	REAR FENDER COWLING CLIPS	8 PC	40.00	X
			2,646.30	
		Less 15%	396.95	2,249.36
	Special Nett			
9	REAR VIEW CAMERA - CHECK PRICE	1 PC	0.00	
10	NUMBER PLATE	1 PC	35.00	
11	REVERSE SENSOR	1 SET	200.00	?
			235.00	235.00
	LABOUR			
12	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	1 Ol
13	TO REMOVE AND REINSTALL/REPLACE FRONT/REAR BUMPER SENSORS.	1 PC	60.00	5 Ol
14	TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	60.00	X
15	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	2 Ool
16	TO SPRAY REAR BUMPER,REAR END PANEL.	1 PC	500.00	2 Ool
			1,160.00	1,160.00

Zila
Ah Lim Motor Comp

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	02/06/2022 17:55 (SGT)
Date of Accident	01/06/2022 22:10 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	AMK AVE 5 TO CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2068E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG WAI MUN
NRIC No	SXXXX401J
Email Address	XINYITEO30@GMAIL.COM
Mobile Phone No	(Phone) +65-98383082
Alternative Phone No	+65-84823570

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
Variant	SWIFT 1.6 MT
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	Manual
CC	1586

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MT/00574157/03
Cover Note Number	07/01/2022 - 06/01/2023

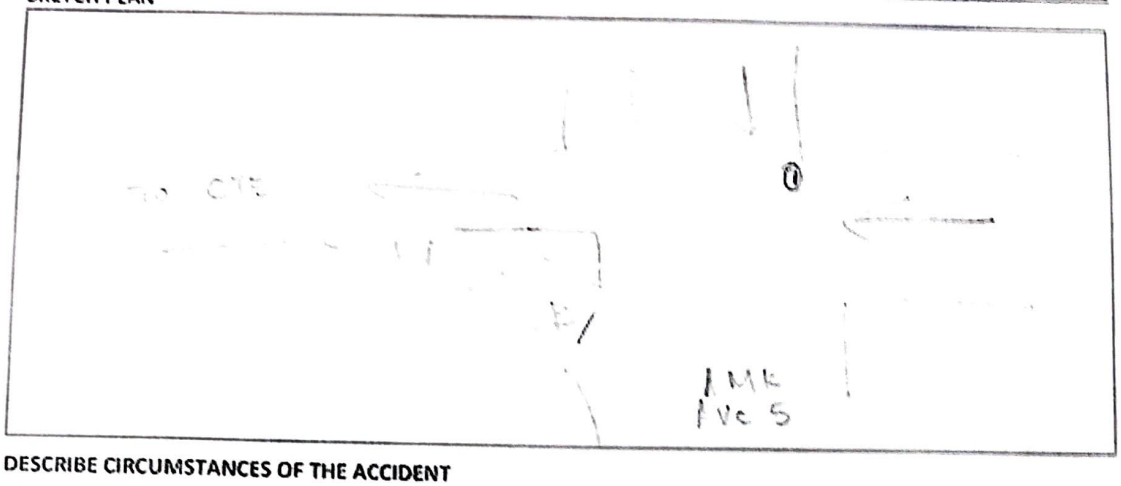
DRIVER

Name of Driver	TEO XIN YI
NRIC No	SXXXX958G

Date of accident: 01/06/22 Time: 1010pm Location: AMK ave 5 to CTE

My Vehicle A: SJZ3068P Vehicle B: SLW6466Y Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Time: 1010 pm

No rain, clear weather

- Turning from AMK Ave 5 to CTE
- Stop at intersection to give way to main traffic (as ~~ongoing~~ incoming traffic light turn green) Sec A
- Car behind ~~rear~~ failed to stop and rear ended

☑ 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:

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