

ASS. REC. BY:

REF:

C721 22 0067411Kc

A314-

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.

Sum Insured:

Excess:

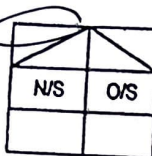
(Client's Record)

Make of Veh:

100m

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SLC 2732A Yr Regn: 05, 16

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

Truck / Trailer or

CA

Wagon

Make:

Peugeot

5008

c.c

1560

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

107492

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF302BHE TFS 309443

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:

215/50R17

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

13/7/22

D.O.I.

20/7/2022

Survey held at

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

FR N/S

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

Date/Time, File Pass to?



: Prell. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fines

Others

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

TOTAL

Report Format :

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

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 : NORAZIMAH BINTE MD SHARIFF
54 ANCHORVALE CRESCENT
#04-13
SINGAPORE 544631

Estimate No: MC1902827
Date: 14 Jul 2022
Policy No: MT./00476721/04
Veh Reg No: SLC2732A
Make/Model: PEUGEOT 5008 1.6
BLUEHD

ATTN:

Your Ref No: SLC2732A
Claim Type: Third Party → CHINA
Accident Date: 13/07/2022
TP Veh Reg No: PC3279M

LCR

Wed.

10-1030

Not Authorized

Repair B & Paint

2 days

Estimate Repair Cost to Vehicle No :SLC2732A

Description	Quantity	List Price S\$	Amount S\$
SPARE PARTS			
1 HEADLAMP LH	1 PC	1,541.00	7
2 FRONT GRILLE	1 PC	365.00	7
3 FRONT GRILLE CHROME MLDG	1 PC	412.00	7
4 FRONT BUMPER	1 PC	1,382.00	7
5 FRONT BUMPER SIDE RETAINER LH	1 PC	89.00	7
6 FRONT BUMPER CLIPS	15 PC	82.50	7
7 FRONT BUMPER LOWER AIR GRILLE	1 PC	221.00	X
8 FRONT BUMPER REINFORCEMENT	1 PC	461.00	7
9 FRONT BUMPER CTR BKT	1 PC	282.00	7
10 FOGLAMP LH	1 PC	154.00	X
11 FOGLAMP COVER LH	1 PC	178.00	
		5,167.50	
	Less 10%	516.75	4,650.75
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	156
13 TO DISMANTLE ALL DAMAGED PARTS. TO CUT & WELD. TO KNOCK & REPAIR FRONT FENDER RH INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	400.00	200
14 TO SPRAY FRONT FENDER LH, FRONT BUMPER.	1 PC	500.00	220
		940.00	940.00

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 resurveyed/confirmed possible.
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

For AH LIM MOTOR COMPANY

Zila
Ah Lim Company

AUTHORISED SIGNATURE

TOTAL: SINGAPORE DOLLAR FIVE THOUSAND NINE HUNDRED EIGHTY TWO AND CENTS TEN ONLY

Please arrange this vehicle to be surveyed as soon as possible.

Thank You

Total S\$ 5,590.75
Add GST @ 7% 391.35
Total Amount Payable S\$ 5,982.10

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	13/07/2022 16:56 (SGT)
Reported by	Both
Date of Accident	13/07/2022 12:15 (SGT)
Exact Location of Accident	9 Hougang Ave 8, Singapore 538784
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC2732A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NORAZIMAH BINTE MD SHARIFF
NRIC No	SXXXX192J
Email Address	ARCHIC2000@YAHOO.COM
Mobile Phone No	(Phone) +65-94575611
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	5008
Variant	5008 1.6 BLUEHDI EAT6 S/R
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	1560

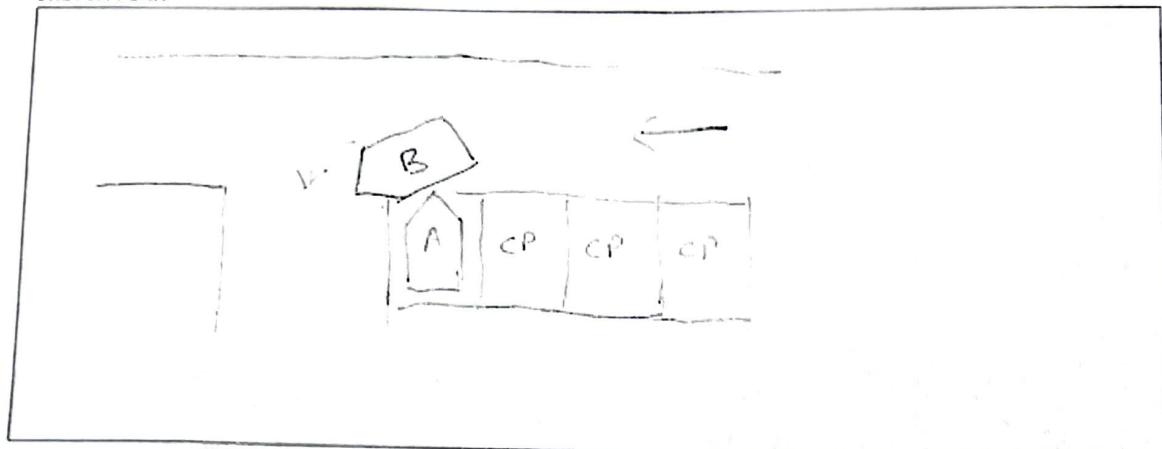
INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00476721/04

DRIVER

Name of Driver	NORAZIMAH BINTE MD SHARIFF
NRIC No	SXXXX192J
Date Of Birth	05/09/1975
Occupation	Indoor

Date of accident: 13/7/2022 Time: 12:15pm Location: Xinmin Primary School Carpark
My Vehicle A: SLC 2732A Vehicle B: PC 3279M Vehicle C: _____
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked in a parking lot in the school carpark. I was going out for lunch when I saw a ~~bus~~ 40 seater school bus that had just entered in front of my car.
The security guards were talking to the bus driver. The security guard alerted me that he heard a screeching sound as the bus was about to make a left turn into the carpark near my vehicle. The bus was stopped very close to my car. The security guard showed me the damage after I reached the 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 your 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: 13/7
1549h

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Ah Lim Motor Company
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: