

ASS. REC. BY:

REF:

AIS/ 22 00 74621kv

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TR / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

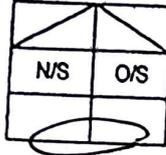
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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: 5-6 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: SMA 1238G Yr Regn: VI, 16

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

Truck / Trailer or (A) Wagon

Make: Mazda 5 C.C. 1998

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 93023 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM8CW1071G0124585

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper? / Jammed / Leaked / Burnt or

Brake: Inoper? / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Rim or

Tyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 2/8/22

Rear

R/Bal. 5 mm

L/Bal. 5 mm

D.O.I. 5/8/2022

Survey held at _____

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

Rear wheel shattered

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

Date / Time Action / Instruction

1 Maybe part by part.

Time, File Pass to?

: Prell. Report

: Final Report

Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S - RS. SI

Prints

Others

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Format :

Sum / I.B.I: (\$ _____)

CARIS AUTOWORKS PTE LTD
 160 SIN MING DRIVE
 #05-03 SIN MING AUTOCITY
 SINGAPORE 575722
 (COMPANY REGISTRATION NO: 200923135D)
 TEL: 62589831
 FAX: 62585349

Not Authorized
1 Pump @
Pre-survey After Paint
5-6 days

ESTIMATE REPAIR COST FOR MAZDA (5) REG NO : SMQ 1238 G

S\$

1 PC	BOOT (REAR)
1 PC	BUMPER (REAR)
2 PCS	BRAKE LAMP INNER (REAR)
2 PCS	BRAKE LAMP OUTER (REAR)
1 PC	WINDSCREEN (REAR)
1 PC	WIPER MOTOR (REAR)
1 PC	BOOT LOCK (REAR)
1 PC	BOOT RUBBER CHANNEL
1 SET	REVERSE SENSOR
1 PC	MAZDA LOGO

MIS?

<i>As</i>	1773.00	<input checked="" type="checkbox"/>
<i>Bu</i>	989.00	<input checked="" type="checkbox"/>
<i>ca</i>	464.00	<input checked="" type="checkbox"/>
<i>olscom</i>	772.00	<input checked="" type="checkbox"/>
<i>Photom</i>	1326.00	<input checked="" type="checkbox"/>
<i>Im</i>	347.00	<input checked="" type="checkbox"/>
	275.00	<input type="checkbox"/>
	198.00	<input type="checkbox"/>
	294.00	<input type="checkbox"/>
<i>na</i>	68.00	<input checked="" type="checkbox"/>

TOTAL	<i>20%</i>	6506.00
LESS	<i>10%</i>	650.60
TOTAL		5855.40

LABOUR & MISC CHARGES

PANEL KNOCKING
 SPRAY PAINTING
 BODY CLIPS & SCREWS
 WIRE CHECKING & DIAGNOSTIC
 LABOUR CHARGE FOR REMOVE & INSTALL WINDSCREEN
 WHEEL ALIGNMENT

	1200.00	<i>550l</i>
	1000.00	<i>700l</i>
<i>na</i>	80.00	<input checked="" type="checkbox"/>
	100.00	<i>20k</i>
	280.00	<i>120l</i>
<i>na</i>	80.00	<input checked="" type="checkbox"/>

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:

SA1C22830001 / AH LIM MOTOR COMPANY (MAIN)
ENTRY DATE & TIME: 03/08/2022 11:35 (SGT)
SUBMITTED BY: EILEEN CHUA
VERSION: 1 (03/08/2022 11:35 (SGT))

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 Actual 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	03/08/2022 11:35 (SGT)
Reported by	Both
Date of Accident	02/08/2022 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ1238G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW CHONG LIANG
NRIC No	SXXXX528E
Email Address	CHEWDEREK@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-94302254
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
Variant	-
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	1998

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10646954R00

DRIVER

Name of Driver	CHEW CHONG LIANG
NRIC No	SXXXX528E
Date Of Birth	27/10/1972
Occupation	Indoor

