

ASS. REC. BY:

REF:

C7V 22008541/KC

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

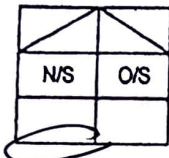
(Client's Record)

Make of Veh:

1030am

(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:

09

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:

SKX 2424R

Yr Regn:

11.15

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

Truck / Trailer or

Make:

Mercedes

c.c

1998

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

174820

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JMBCW1071-G0122799

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

205/55R16

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

29/8/22

D.O.I.

2/9/2022

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

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 - SI

F - RS

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

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 : SEOW SOO PHENG ERWIN (XIAO SHUPING
BLK 128C PUNGGOL FIELD WALK
#08-309
SINGAPORE 823128

Estimate No: MC1902951
Date: 31 Aug 2022
Policy No: MP314606
Veh Reg No: SKX2424R
Make/Model: MAZDA MAZDA5 5-
DOOR WAGON 2.0L
SP.6EAT SUNROOF

ATTN:

Your Ref No: SKX2424R
Claim Type: Third Party → China
Accident Date: 29/08/2022
TP Veh Reg No: SJQ5995M

Lxx

1030
2109

Not Notified
11 Sep 8
Runway After Paving

6 days

Estimate Repair Cost to Vehicle No :SKX2424R

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
SPARE PARTS			
1 REAR WINDSCREEN MLDG	1 PC	60.50	✓
2 TAILGATE	1 PC	1,637.00	✓
3 TAILGATE EMBLEM	1 PC	44.10	✓
4 TAILGATE MAZDA LOGO	1 PC	45.30	✓
5 TAILGATE 5 LOGO	1 PC	36.30	✓
6 TAILGATE SKYACTIV TECHNOLOGY	1 PC	80.00	✓
7 TAILGATE LOCK	1 PC	256.20	X
8 TAILGATE LOWER INNER TRIM	1 PC	432.00	X
9 TAILGATE RUBBER	1 PC	177.50	X
10 TAILGATE LAMP LH	1 PC	388.50	?
11 TAILAMP LH	1 PC	601.70	X
12 REAR BUMPER	1 PC	691.30	✓
13 REAR BUMPER CLIPS	6 PC	18.00	✓
14 REAR BUMPER REFLECTOR LH	1 PC	53.00	?
15 REAR BUMPER REINFORCEMENT	1 PC	155.40	?
16 REAR BUMPER SIDE RETAINER LH	1 PC	47.60	✓
17 REAR BUMPER SPLASH SHIELD LH	1 PC	39.60	X
18 EXHAUST PIPE TAIL	1 PC	1,109.50	✓
		5,873.50	
	Less 20%	1,174.70	4,698.80

Special Nett

19 REVERSE SENSOR	1 SET	200.00	?
20 INNER SEAL	1 PC	20.00	✓
21 WINDSCREEN SEALANT	1 PC	40.00	✓
		260.00	260.00

LABOUR

22 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	150
23 TO REMOVE AND REINSTALL/REPLACE FRONT/REAR WINDSCREEN.	1 PC	120.00	✓
24 TO REMOVE AND REINSTALL/REPLACE WIPER COMPARTMENT SUCH AS WIPER MOTORS AND WIPER BLADES.	1 PC	60.00	✓
25 TO REMOVE AND REINSTALL/REPLACE FRONT/REAR BUMPER SENSORS.	1 PC	60.00	500
26 TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	60.00	300

Ah Lim Motor Company

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M/S : SEOW SOO PHENG ERWIN (XIAO SHUPING)
BLK 128C PUNGGOL FIELD WALK
#08-309
SINGAPORE 823128

ATTN:

Estimate No: MC1902951
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Policy No: MP314606
Veh Reg No: SKX2424R
Make/Model: MAZDA MAZDA5 5-
DOOR WAGON 2.0L
SP.6EAT SUNROOF

Your Ref No: SKX2424R
Claim Type: Third Party
Accident Date: 29/08/2022
TP Veh Reg No: SJQ5995M

Estimate Repair Cost to Vehicle No :SKX2424R

Description	Quantity	List Price	Amount
27 TO REALIGN, DISMANTLE AND REINSTALL/REPLACE EXHAUST PIPE.	1 PC	na <u>SS 80.00</u>	<u>X</u> <u>SS</u>
28 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	800.00	<u>500</u>
29 TO SPRAY TAILGATE,REAR BUMPER,REAR END PANEL.	1 PC	800.00	<u>400</u>
		2,020.00	2,020.00
Total			SS 6,978.80
Add GST @ 7%			488.52
Total Amount Payable			SS 7,467.32

TOTAL: SINGAPORE DOLLAR SEVEN THOUSAND FOUR HUNDRED SIXTY SEVEN AND CENTS THIRTY TWO 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:

Zila
Ah Lim Motor
AUTHORISED SIGNATURE

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	30/08/2022 13:43 (SGT)
Reported by	Both
Date of Accident	29/08/2022 09:20 (SGT)
Exact Location of Accident	Paya Lebar Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX2424R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEOW SOO PHENG ERWIN
NRIC No	SXXXX196Z
Email Address	MARYANN@THESTUDIOLOFT.COM.SG
Mobile Phone No	(Phone) +65-97907623
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
Variant	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP314606

DRIVER

Name of Driver	KOH MEI LENG MARYANN
NRIC No	SXXXX724A
Date Of Birth	07/12/1973
Occupation	Indoor

Date of accident: 29 Aug 22 Time: 9:20 am Location: Paya Lebar Road
My Vehicle A: SKX 2424 R Vehicle B: SJD 5495 M Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary along Paya Lebar Rd waiting to turn left onto Ubi Ave 3 when it was hit on the back by Vehicle B.

☒ 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: 29/8 5:35pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29 Aug 22 5:35pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: