

ASS. REC. BY:

REF: C121

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:

(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:

03-4 days

Res.: Yes or No

Lum Sum:

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Sme 715dm Yr Regn: 0718

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

Truck / Trailer or

Make:

Volkswagen Passat c.c. 1798

Colour

M. Blue

A/C: Insured / Std / NI / NA

Sp. Reading

50461

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVWZ773CZJE 222642

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STRA/Rlm or

Tyre Size:

F:

215/35R17

R:

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

Front

R/Bal.

9

mm

Rear

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

22/9/22

D.O.I.

30/9/2022

Survey held at

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

N/S/R

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

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

# AH LIM MOTOR COMPANY

176 Sin Ming Drive #05-12 Sin Ming Autocare Singapore 575721  
TEL: 6456 3637 FAX: 6456 3686 Email: admin@almsm.com.sg  
GST:M9-0009639-E RCB NO:06470300B

SURVEYOR COPY

M/S : DENG CHEN  
1 MARY MOUNT TERRACE  
574036

Estimate No: MCS1900724  
Date: 23 Sep 2022  
Policy No: P10675683R00  
Veh Reg No: SMC7158M  
Make/Model: VOLKSWAGEN PASSAT

ATTN:  
Your Ref No: SMC7158M  
Claim Type: Third Party  
Accident Date: 22/09/2022  
TP Veh Reg No: SJN4210S

*Not Withheld  
Primary Repair  
3-4 days*

## Estimate Repair Cost to Vehicle No :SMC7158M

Description	Quantity	List Price S\$	Amount S\$
<b>SPARE PARTS</b>			
1 FRONT FENDER LH	1 PC	1,009.70	✓
2 FRONT BUMPER	1 PC	2,330.70	✓
3 HEADLAMP LH	1 PC	2,330.67	✓
4 FRONT BUMPER LOWER SIDE CHROME MOULDING LH	1 PC	148.21	✓
5 FRONT ALLOY RIM LH	1 PC	2,139.60	X
		7,958.88	
	Less 10%	795.89	7,162.99
<b>LABOUR</b>			
6 TO CHECK WIRING AND REFOCUS HAEDLAMP	1 PC	20.00	✓
7 TO DISMANTLE AND REPLACE DAMAGE PARTS, TO KNOCK, REPAIR, ALIGN FRONT AFFECTED AREA	1 PC	550.00	350
8 TO SPRAY FRONT BUMPER AND FRONT FENDER LH	1 PC	550.00	400
		1,120.00	1,120.00
Total			S\$ 8,282.99
Add GST @ 7%			579.81
Total Amount Payable			S\$ 8,862.80

TOTAL: SINGAPORE DOLLAR EIGHT THOUSAND EIGHT HUNDRED SIXTY TWO AND CENTS EIGHTY ONLY

For AH LIM MOTOR COMPANY



AUTHORISED SIGNATURE

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 is allowed
- Supplementary item(s) must be resurveyed and  
is subject to final approval from Insurance Company

Ack: \_\_\_\_\_  
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	23/09/2022 13:01 (SGT)
Reported by	Both
Date of Accident	22/09/2022 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIN MING ROAD TOWARDS UPPER THOMSON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC7158M

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DENG CHEN
NRIC No	SXXXX299A
Email Address	DC60222@GMAIL.COM
Mobile Phone No	(Phone) +65-91190835
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
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	1798

#### INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10675683R00

#### DRIVER

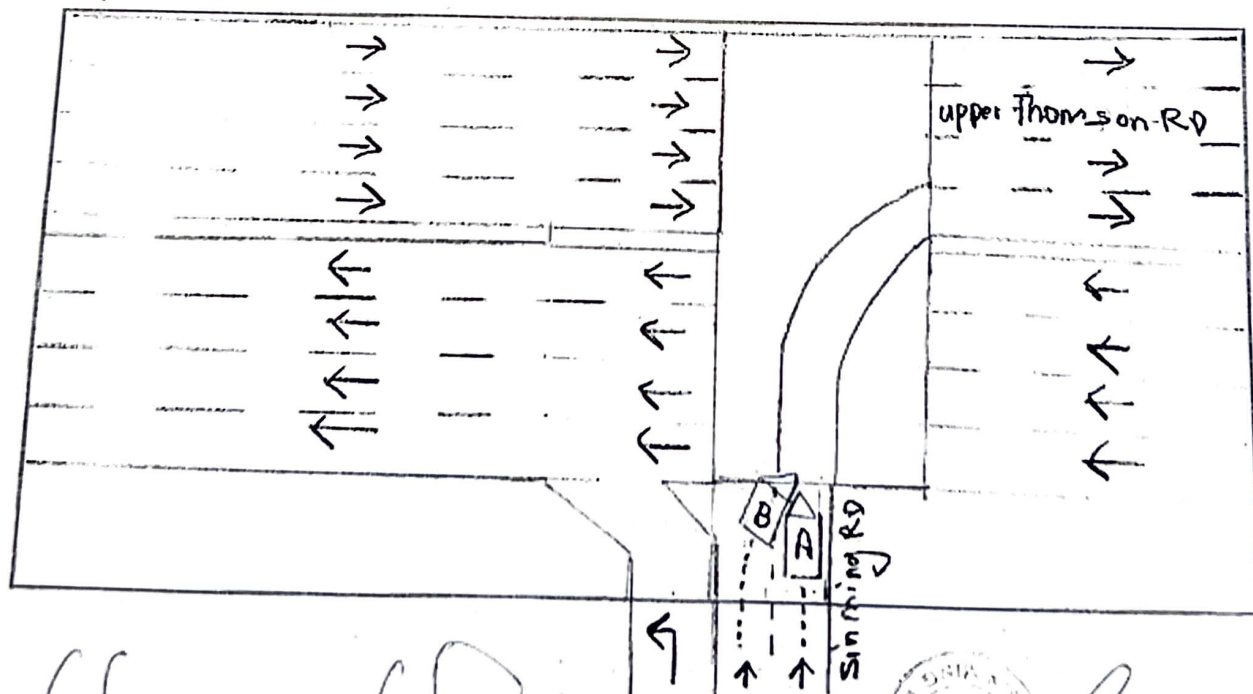
Name of Driver	DENG CHEN
NRIC No	SXXXX299A
Date Of Birth	26/07/1988
Occupation	Indoor

## SKETCH PLAN

## 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 willful misrepresentation or withholding of material facts may allow insurance companies to renew/reject 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. The 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.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that:
  - (a) My Insurer, my workshop and the General Insurance Association of Singapore ('GIA') may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyer/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
    - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
    - (ii) investigating the accident and/or my claims;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
  - (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

## Sketch Plan



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

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