ASS. REC. BY: Kenneth

REF: C12 / 2201047olkv

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 S'pn

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

1pm

(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: 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: SKZ 3550D Yr Regn: 12 / 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) Wagon

Make: Subaru Forester c.c 1995

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

Sp.Reading 62198 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF1SJ5KC5JG112280

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/60R17

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	21/10/22	D.O.I.	28/10/2022

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: ___ $ + RS. ___ SI

Parking

Others

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

Not Workshop
U/Rep &
Repair After Paint
4 days

M/S : KARTHIK SEKAR
BLK BISHAN ST 24
#05-164
SINGAPORE 570267

Estimate No: **MCS1900736**
Date: 14 Oct 2022
Policy No: MA006376
Veh Reg No: **SKZ5550D**
Make/Model: SUBARU FORESTER

ATTN:
Your Ref No: SKZ5550D
Claim Type: Third Party
Accident Date: 13/10/2022
TP Veh Reg No: SDZ899P

Estimate Repair Cost to Vehicle No :SKZ5550D

	Description	Quantity	List Price S$	Amount S$
	Nett			
1	FRONT BUMPER	1 PC	600.00	
2	FRONT BUMPER CLIP	10 PC	60.00	
3	FRONT BUMPER SIDE RETAINER RH	1 PC	22.00	
4	FRONT FENDER LH	1 PC	300.00	
5	FENDER COWLING CLIP	8 PC	48.00	X
6	FRONT ALLOY RIM LH	1 PC	850.00	
			1,880.00	
		Less 10%	188.00	1,692.00
	LABOUR			
7	TO CHECK WIRING AND REFOCUS HEADLAMP	1 PC	20.00	
8	TO WHEEL ALIGNTMENT	1 PC	80.00	
9	TO DISMANTLE AND REPLACE DAMAGE PARTS, TO KNOCK, ALIGN AND REPAIR FRONT LH AFFECTED AREA	1 PC	500.00	
10	TO SPRAY FRONT FENDER LH AND FRONT BUMPER	1 PC	500.00	
			1,100.00	1,100.00
			Total	S$ 2,792.00
			Add GST @ 7%	195.44
			Total Amount Payable	S$ 2,987.44

TOTAL: SINGAPORE DOLLAR TWO THOUSAND NINE HUNDRED EIGHTY SEVEN AND CENTS FORTY FOUR ONLY

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:

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 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	13/10/2022 17:58 (SGT)
Reported by	Driver
Date of Accident	13/10/2022 12:45 (SGT)
Exact Location of Accident	Alexandra, Singapore
Additional Location Information	ALEXANDRA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ5550D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KARTHIK SEKAR
NRIC No	SXXXX218I
Email Address	sekar.karthik@gmail.com
Mobile Phone No	(Phone) +65-91557746
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1995

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	MA006376

DRIVER

Name of Driver	SCINDIA SHANKAR
NRIC No	SXXXX248C
Date Of Birth	27/05/1980
Occupation	Indoor

SKETCH PLAN

Insurer : Etiqa

Vehicle : SKZ 55550

MPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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' lawyers/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

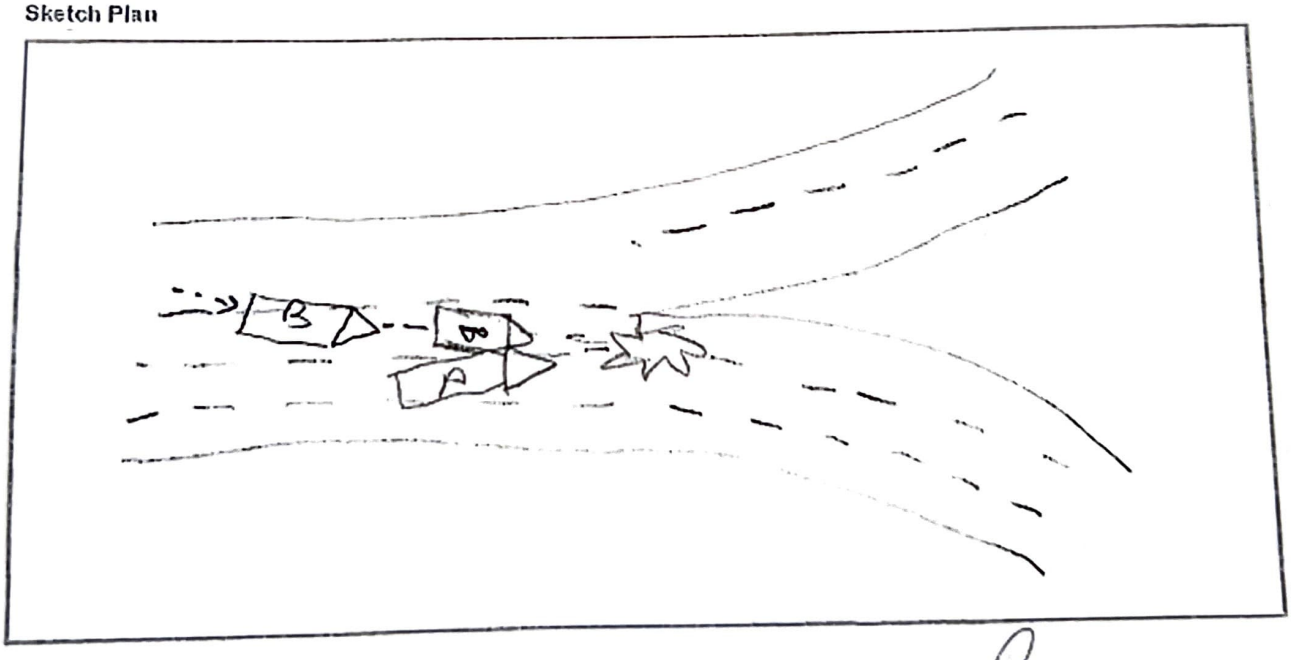
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/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/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sketch Plan



S. Kartar

Policyholder's Signature / Date & Time

13/10/22

3:33 PM

Kundan Thakur

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

13/10/22

3:34 PM

AH LIM MOTOR CO. SIN MING

Witnessed by Reporting Centre Personnel

13/10/22

AH LIM MOTOR COMPANY