ASS. REC. BY: Kenneth

REF: AIS/2201280/Kp

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 129A

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.

N/S	O/S

Bal. or Market Value: $ 60k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 01/28 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJG 8766R Yr Regn: 07 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or MPV

Make: Honda Stream c.c 1799

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

Sp.Reading 388511 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTHMRN68408 S204142

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	14/12/22	D.O.I.	23/12/2022

Survey held at _____

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

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 ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: $ - RS. _____ SI

Fuel: _____

Others: _____

TOTAL _____

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 : ONG POH PWAY LINA
22 SPRINGLEAF WALK
SPRINGLEAF GARDEN
SINGAPORE 787874

Not Authorised
LI Pg 8
Recovery After Paint
3 days

Estimate No: MCS1900789
Date: 15 Dec 2022
Policy No: MT/01060483
Veh Reg No: **SJG8766R**
Make/Model: HONDA STREAM 1.8L

ATTN:
Your Ref No: SJG8766R
Claim Type: Third Party
Accident Date: 14/12/2022
TP Veh Reg No: SNG6157P

Estimate Repair Cost to Vehicle No :SJG8766R

	Description	Quantity	List Price S$	Amount S$
	SPARE PARTS			
1	HEADLAMP LH	1 PC	Cn 928.50	
2	FRONT BUMPER	Mism 1 PC	760.80	
3	FRONT BUMPER SIDE RETAINER LH	1 PC	Oil 14.90	
4	FRONT BUMPER CLIPS	10 PC	Nil 35.00	
			1,739.20	
		Less 20%	347.84	1,391.36
	Special Nett			
5	FRONT ALLOY RIM LH	1 PC	Not 300.00	250 Nett
			300.00	300.00
	LABOUR			
6	TO CHECK WIRING AND REFOCUS HEADLAMP	1 PC	20.00	
7	TO WHEEL ALIGNTMENT	1 PC	80.00	60
8	TO DISMANTLE AND REPLACE DAMAGE PARTS, TO KNOCK, ALIGN AND REPAIR FRONT LH AFFECTED AREA	1 PC	550.00	300
9	TO SPRAY FRONT BUMPER AND FRONT FENDER LH	1 PC	550.00	400
			1,200.00	1,200.00
			Total	S$ 2,891.36
			Add GST @ 7%	202.40
			Total Amount Payable	S$ 3,093.76

TOTAL: SINGAPORE DOLLAR THREE THOUSAND NINETY THREE AND CENTS SEVENTY SIX 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(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final aporoval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

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	15/12/2022 15:24 (SGT)
Reported by	Driver
Date of Accident	14/12/2022 15:49 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAYA LEBAR WAY (BESIDE MACPHERSON FOOD CENTRE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8766R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG POH PWAY LINA
NRIC No	SXXXX129A
Email Address	LINAOPP@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81134302
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1799

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01060483

DRIVER

Name of Driver	JIBREEL ABU AL THININ
NRIC No	TXXXX101A
Date Of Birth	22/02/2002
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 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. 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' law yers/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

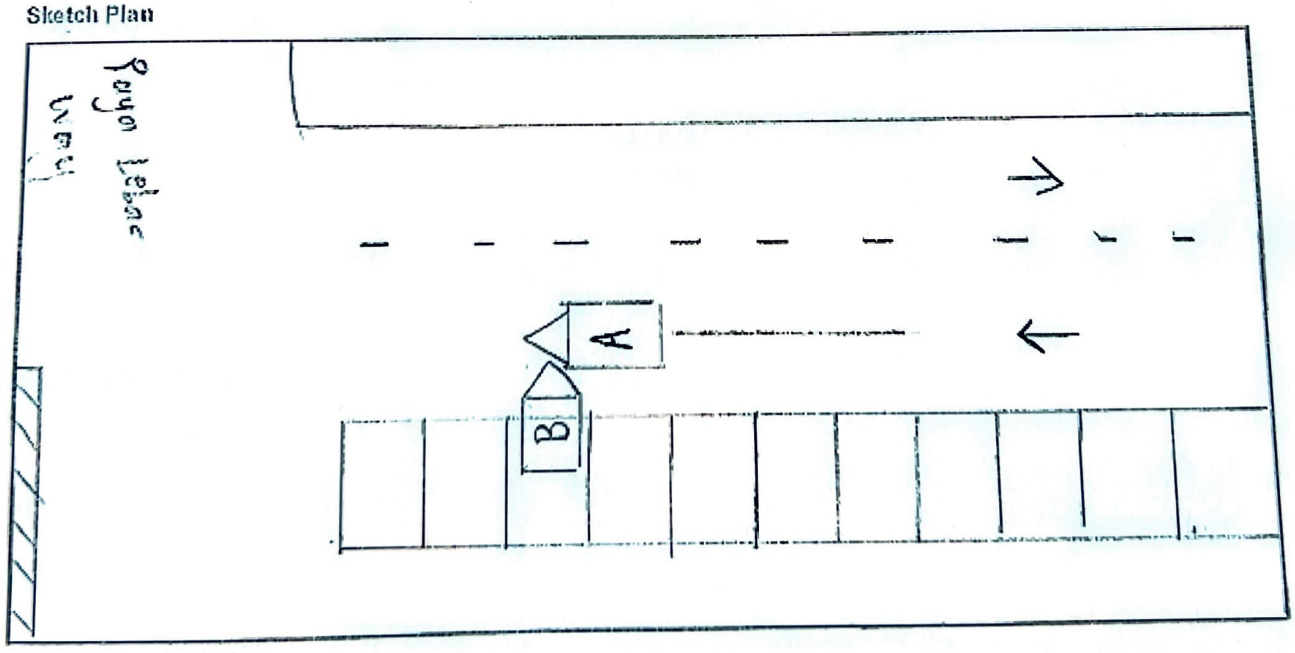
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sketch Plan



15/12/22 1350

15/12/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

NIRIM MOTOR COMPANY