ASS. REC. BY: Kenneth

REF: CIL / 22012952 / kp

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Mr Lim

of SM

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Ilan

(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: 06 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: SOD 7277T Yr Regn: 10, 14

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

Make: Mazda 3 c.c 1496

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

Sp.Reading 96925 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BM42A8F0151076

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: Pir 205/60R16

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	9 mm
L/Bal.	8 mm	L/Bal.	9 mm
D.O.A.	21/12/22	D.O.I.	30/12/2022

Survey held at _____

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

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 Authorised
Clip &
Resurvey After Paint
6 days

M/S : TAN CHER HOO
7 TAI HWAN CLOSE

SINGAPORE 555643

Estimate No: **MCS1900794**
Date: 21 Dec 2022
Policy No: CN012994
Veh Reg No: **SDD727T**
Make/Model: MAZDA 3

ATTN:
Your Ref No: SDD727T
Claim Type: Third Party
Accident Date: 13/12/2022
TP Veh Reg No: SML5983M

Estimate Repair Cost to Vehicle No :SDD727T

	Description	Quantity	List Price S$	Amount S$
	SPARE PARTS			
1	REAR FENDER LH	1 PC	1,233.10	
2	TAI LAMP PANEL LH	1 PC	396.70	
3	TAILAMP LH	1 PC	534.90	
4	REAR BUMPER	1 PC	1,138.60	
5	REAR BUMPER SIDE RETAINER LH/RH	2 PC	76.00	
6	REAR BUMPER CLIP	15 PC	45.00	
7	REAR BUMPER RELFECTOR LH	1 PC	53.00	
8	REAR BUMPER WHEEL SPLASH SEAL LH	1 PC	83.20	
9	TAIL END PANEL	1 PC	530.40	
10	REAR FENDER AIR VENT LH	1 PC	74.90	
11	REAR BUMPER TOWING COVER	1 PC	36.40	
12	REVERSE LAMP LH	1 PC	278.30	
13	REAR WINDSCREEN MOULDING	1 PC	77.00	
			4,557.50	
		Less 10%	455.75	4,101.75
	Special Nett			
14	REVERSE SENSOR 1 SET	1 PC	220.00	
15	WINDSCREEN SEALANT	2 PC	30.00	
			250.00	250.00
	LABOUR			
16	TO CHECK WIRING	1 PC	20.00	
17	TO DISMANTLE AND INSTALL REAR WINDSCREEN	1 PC	120.00	
18	TO DISMANTLEAND INSTALL REAR BOOT INNER TRIM COVER, REAR SEAT AND SEAT BELT	1 PC	80.00	
19	TO DISMANTLE AND REPLACE DAMAGE PARTS, TO CUT AND WELD REAR FENDER LH, KNOCK AND REPAIR REAR CABIN FLOOR PANEL AND AFFECTED AREA	1 PC	1,150.00	700
20	TO SPRAY REAR FENDER LH, REAR BUMPER, TAIL END PNEL AND APPLY SEALANT	1 PC	850.00	600
			2,220.00	2,220.00

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 surv y 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:

AH LIM MOTOR CO. SIN MING

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	21/12/2022 15:35 (SGT)
Reported by	Both
Date of Accident	21/12/2022 12:21 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 1 & LI HWAN DRIVE T-JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD727T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHER HOO
NRIC No	SXXXX694F
Email Address	TCHERHOO@GMAIL.COM
Mobile Phone No	(Phone) +65-98782811
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1500

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	CN012994

DRIVER

Name of Driver	TAN CHER HOO
NRIC No	SXXXX694F
Date Of Birth	16/01/1960
Occupation	Indoor

Etigg
Vehicle: SDD7277T
21/12/2022

SKETCH PLAN

MPORTANT 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' 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, handing 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

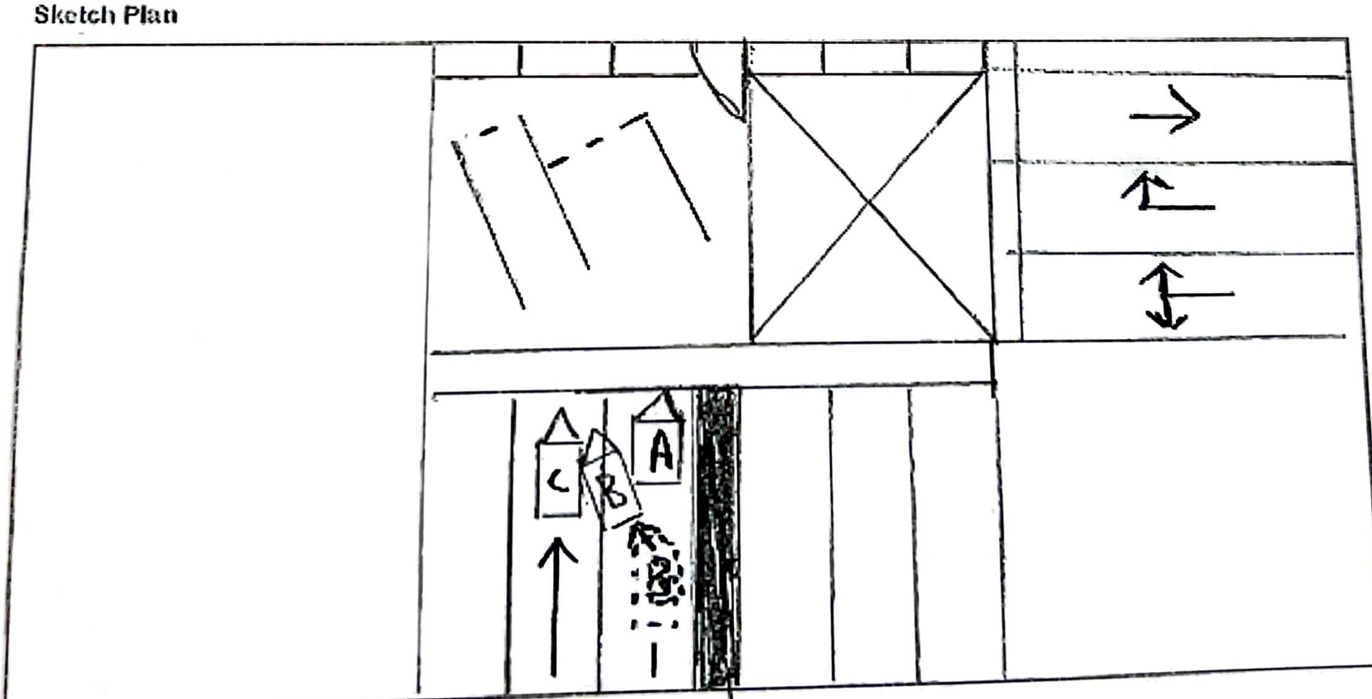
(v) complying with applicable law in administering, processing, handing and/or dealing with my claims.

(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



Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel 21/12/2022

MOTOR CO

ALLAM MOTOR COMPANY