



# AH LIM MOTOR COMPANY

SURVEYOR COPY

10 ANG MO KIO INDUSTRIAL PARK 2A  
#01-09 AMK AUTOPOINT Singapore 568047  
Tel: 6483 1244 Fax: 6483 6170 Email: ahlimmc@singnet.com.sg  
GST Reg No: M9-0009639-E

INSURER: India International Insurance Pte Ltd (HQ)

## PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	OD/INDIA
Policy No:	D20MCV0000441_03	Date of Loss:	12/05/2023
Vehicle Reg. No.:	<b>GBE6010G</b>	Driveable?	
Driver Age/Info:	37 / MALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	CH ENGINEERING AND SERVICES PTE LTD	Contact No:	+6590629872
Driver:	HOSSAIN JAHANGIR		

Make/Model:	NISSAN CABSTAR, 3.0 5M/T ABS 2DR 2WD EURO 5 (A)	Vehicle Reg. Date:	26/01/2016
Vehicle Colour:	BLUE	Chassis No:	JN1SC2F24Z0858063
Engine No:	ZD30007647N		
Odometer:	0 KM		

Paint Type:	
Total Loss?	NO
Est. Duration of Repair (day)	<i>12 5 days</i>

*NOT Notified*  
*1/1/23*  
*Payment After Repair*

Description of Accident/Loss	REFER TO THE GIA REPORT.
Remarks:	PLEASE KINDLY ARRANGE SURVEY SOONEST.
Present Location:	AH LIM MOTOR COMPANY (AMK)

## COST OF CLAIMS

	Amount
Parts	5,011.45
Miscellaneous Items	11.00
Labour	2,170.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (\$\$)</b>	<b>7,192.45</b>
<b>+ GST 8.00% (\$\$)</b>	<b>575.40</b>
<b>Nett Amount (\$\$)</b>	<b>7,767.85</b>

This claim is handled by: EILEEN CHUA

**DETAILS**

Source: (Last Synchronised: 16 May 2023)  
 Model: N/A NISSAN CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 (A) (Model not available in database)  
 Labour: Repairer's (Price-denominated Standard List)  
 Print Code: Ah Lim Motor Company/GBE6010G/16/05/2023 11:40  
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page  
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRONT WINDSCREEN GLASS	CMH 0.00	0.00	*650.00 F ✓
2	2		*FRONT WINDSCREEN MOULDING TOP LH & RH	Ne 0.00	0.00	*110.00 F ✓
3	2		*FRONT WINDSCREEN MOULDING SIDE LH & RH	Ne 0.00	0.00	*110.00 F ✓
4	1		*FRONT WINDSCREEN BOTTOM	D/I 0.00	0.00	*27.00 F ✓
5	1		*WIPER PANEL MOULDING		0.00	*27.00 F ✓
6	1		*UNDER MIRROR LH	mit 0.00	0.00	*55.00 F ✓
7	1		*SIDE MIRROR LH	mit 0.00	0.00	*130.00 F ✓
8	1		*SIDE MIRROR STAY LH	hoo 0.00	0.00	*150.00 F ✓
9	1		*SIDE MIRROR STAY ROUND COVER LH	mit 0.00	0.00	*10.00 F ✓
10	1		*SIDE MIRROR STAY CORNER COVER LH	mit 0.00	0.00	*95.00 F ✓
11	1		*HEADLAMP LH	Sn 0.00	0.00	*285.00 F X
12	1		*HEADLAMP LOWER COVER LH	Puc 0.00	0.00	*60.00 F X
13	1		*HEADLAMP LOWER COVER CLIP	aw 0.00	0.00	*2.50 F X
14	1		*RADIATOR GRILLE	Sn 0.00	0.00	*265.00 F X
15	1		*RADIATOR GRILLE EMBLEM	Sn 0.00	0.00	*55.00 F X
16	1		*FRONT BUMPER	Roll/hw 0.00	0.00	*500.00 F ✓
17	1		*FRONT PANEL CORNER LH	By 0.00	0.00	*240.00 F ✓
18	1		*FRONT PILLAR LH	R 0.00	0.00	*820.00 F X
19	1		*STEP GARNISH LH	Sn 0.00	0.00	*110.00 F X
20	1		*DOOR WINDOW GLASS LH	Comp 0.00	0.00	*500.00 F ✓
21	1		*DOOR WINDOW MOULDING LH	Del 0.00	0.00	*82.00 F ✓
22	1		*DOOR OUTER CORNER COVER LH	Del 0.00	0.00	*38.00 F ✓
23	2		*DOOR HINGE LH TOP & BOTTOM	R 0.00	0.00	*110.00 F X
24	1		*DOOR CHECK LH	Sn 0.00	0.00	*38.00 F X
25	1		*INNER SEAL	Ne 0	0.00	*20.00 FS ✓
26	1		*SEALANT	Ne 0	0.00	*40.00 FS ✓
27	1		*ERP SEALANT	Ne 0	0.00	*15.00 FS ✓
28	1		*DOOR COMPANY REGISTRATION STICKER	Ne 0	0.00	*20.00 FS ✓

F=Franchise part. S=SpcNett.

Sub Total (\$\$)	4,564.50
+ Margin on L,N Items 10.00% (\$\$)	446.95
<b>Total Parts (\$\$)</b>	<b>5,011.45</b>

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**Estimates on Miscellaneous Items**

No	Qty	Particulars	Amount
		<u>Miscellaneous Items</u>	
1		OD/TP Case (Insurer)	11.00
		<b>Sub Total (\$\$)</b>	<b>11.00</b>

es on Labour

Particulars	Lab.Type	Amount
<b>Labour Items</b>		
1 TO DISCONNECT AND CHECK ELECTRICAL WIRING; WIRE SOCKETS AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS; TEST AND RECTIFY FOR PROPER FUNCTIONING.	New	40.00 <i>200</i>
2 TO REMOVE AND REINSTALL/REPLACE FRONT WINDSCREEN.	New	120.00 ✓
3 TO REMOVE AND REINSTALL/REPLACE DASHBOARD.	New	<i>na</i> 350.00 X
4 TO REMOVE AND REINSTALL/REPLACE WIPER COMPARTMENT SUCH AS WIPER MOTORS AND WIPER BLADES.	New	<i>na</i> 60.00 X
5 TO DISMANTLE ALL DAMAGED PARTS. TO CUT & WELD FRONT PILLAR LH. TO KNOCK & REPAIR WIPER PANEL; FRONT PANEL CENTRE; DASH PANEL & INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	New	800.00 <i>5500</i>
6 TO SPRAY WIPER PANEL; FRONT PANEL CENTRE; FRONT PANEL CORNER LH; SIDE MIRROR CORNERCOVER LH; HEADLAMP LOWER COVER LH; FRONT DOOR LH	New	800.00 <i>5000</i>
<b>Gross Labour Cost (\$)</b>		<b>2,170.00</b>

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< END OF ESTIMATES >

**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:

to OneMotoring

## Require PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

164D

### Vehicle Details

Vehicle No.:

GBE6010G

Vehicle to be Exported:

Yes

Intended Deregistration Date:

15 May 2023

Vehicle Make:

NISSAN

Vehicle Model:

CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5

Primary Colour:

Blue

Manufacturing Year:

2015

Engine No.:

ZD30007647N

Chassis No.:

JN15C2F24Z0858063

Maximum Power Output:

-

Open Market Value:

\$23,990.00

Original Registration Date:

26 Jan 2016

First Registration Date:

26 Jan 2016

Transfer Count:

0

Actual ARF Paid:

\$1,200.00

### Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

### Intended COE Rebate Details

COE Expiry Date:

25 Jan 2026

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$29,059.00

COE Rebate Amount:

\$7,827.00

**Total Rebate Amount:**

**\$7,827.00**

The information contained herein is correct as at 15 May 2023

OK

# 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 ..... 15/05/2023 09:46 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 12/05/2023 17:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... NEAR CHANGI BUSINESS PARK VISTA  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE6010G  
INSURED/POLICYHOLDER .....  
Is company? ..... Yes  
Name Of Registered Owner ..... CH ENGINEERING AND SERVICES PTE LTD  
Company Reg No ..... 2XXXXX164D  
Email Address ..... ADMIN.HQ1@CHENGINEERINGSERVICES.COM  
Mobile Phone No ..... (Phone) +65-90629872  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2953

### INSURANCE COMPANY

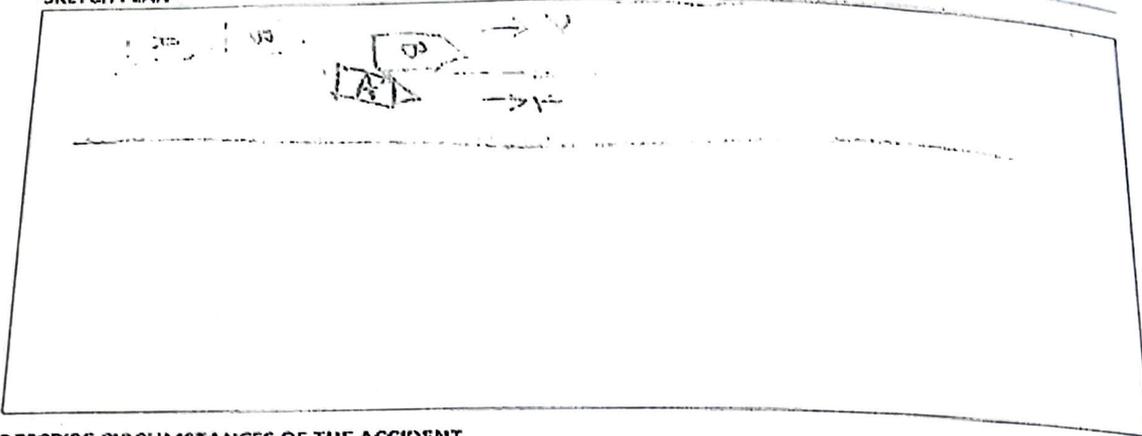
Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D20MCV0000441\_03

### DRIVER

Name of Driver ..... HOSSAIN JAHANGIR  
Passport No/FIN ..... GXXXX719N  
Date Of Birth ..... 30/07/1985  
Occupation ..... Outdoor

Date of accident: 12/03/2023 Time: 17:30 hrs Location: Near Heng Guan Bridge, Wisla  
 My Vehicle A: 8881 6666 Vehicle B: SNZ 1193D Vehicle C: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the road most left lane -> Behind the Vehicle SNZ 1193D, the Vehicle SNZ 1193D is a private hire and suddenly stop due to one of passenger raised his hand. My action was in panic Applied brake and tried to change to another lane but the other lane occupied by a cement truck. By the time my vehicle stop it was too late hit car B at the back of right side and my vehicle front left side damaged.

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 :

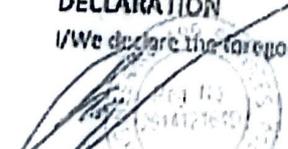
& myself :

Email address :

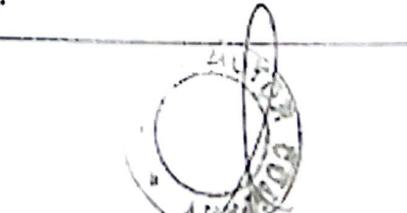
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

1. This report must be completed by the driver involved in the accident.  
 2. The information provided must be true and correct.  
 3. The driver must allow insurance companies to inspect the vehicle.  
 4. This report will be forwarded to the relevant authorities.  
 5. By the reporting party.  
 6. Association of Singapore Insurers.  
 7. This report will be forwarded to the relevant authorities.  
 8. This report will be forwarded to the relevant authorities.  
 9. This report will be forwarded to the relevant authorities.