

ASS. REC. BY:

REF: 1051

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time

Action / Instruction

W/Csp. Unable to locate 2nd party, only agree to less 10% on lump sum. To revert for authorisation

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

S - RS, SI

P. Invs

Others

TOTAL

Report Format :

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

REPAIR DETAILS**Reference****Part Source:** MRM-SG

Version: 1.0 (Last Synchronised: 09 Sep 2024)

Parts: 143

AUDI A6 1.8 TFSI S-tronic (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's

(Price-denominated Standard List)

Print Code: Cheng Hoe Motor Pte Ltd/SNG5537H/09/09/2024 14:45**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 *.SNG5537H
ODIECICS**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*1 pc front bumper	0.00	0.00	Bu/100 *1,140.00 F ✓
2	1		*1 pc RH headlamp	0.00	0.00	CM *6,700.00 F ✓
3	1		*1 pc front right fender	0.00	0.00	R1 *650.00 F ✓
4	1		*1 pc bonnet	0.00	0.00	R1 *2,290.00 F ✓
Sub Total (\$\$)						10,780.00
+ Margin on L,N Items 10.00% (\$\$)						1,078.00
Total Parts (\$\$)						11,858.00

F=Franchise part.

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Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	Panel beating	New	300.00 ✓
2	Putty & respray	New	600/ 700.00
Gross Labour Cost (\$\$)			1,000.00

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Generated using Merimen e-Claims IEAS

< 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:

清河

CHENG HOE MOTOR PTE LTD

Blk 1019, Yishun Industrial Park A, #01-374/382, Singapore 768761

Tel : 67556142 Fax : 67557719

Email: chmotor@singnet.com.sg

INSURER:

ECICS Limited (HQ)

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	OD/ECICS
Policy No:	MPC23P00213400	Date of Loss:	30/08/2024
Vehicle Reg. No.:	SNG5537H	Driveable?	
Driver Age/Info:	44 / MALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	KANDA SAMY SOUNDARARAJAN	Contact No:	+6598593376
Driver:	KANDA SAMY SOUNDARARAJAN		
Make/Model:	AUDI A6, 1.8 TFSI S-TRONIC (A)	Vehicle Reg. Date:	31/08/2015
Vehicle Colour:	WHITE		
Engine No:	CYG004962	Chassis No:	WAUZZZ4GXFN083650
Odometer:	0 KM		
Paint Type:			<i>Not Notified</i>
Total Loss?	NO		<i>1/1/23</i>
Est. Duration of Repair (day)	0		<i>Repair After Rain</i>
			<i>4 days</i>
Description of Accident/Loss	REFER TO GIA REPORT		<i>Ex TBA</i>
Remarks:	VEHICLE AT YISHUN WORKSHOP		
Present Location:	CHENG HOE MOTOR PTE LTD (YISHUN)		

COST OF CLAIMS

	Amount
Parts	11,858.00
Miscellaneous Items	0.00
Labour	1,000.00
Paintwork Labour	0.00
Towing	0.00
Calculated Gross Total (S\$)	12,858.00
- Excess (S\$)	750.00
(S\$)	12,108.00
+ GST 9.00% (S\$)	1,089.72
Nett Amount (S\$)	13,197.72

This claim is handled by: DORLYN LI YAZHU

Generated using Merimen e-Claims Internet Estimation & Adjusting System

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

087Z

Vehicle Details

Vehicle No.:

SNG5537H

Vehicle to be Exported:

No

Intended Deregistration Date:

31 Aug 2024

Vehicle Make:

AUDI

Vehicle Model:

A6 1.8 TFSI S TRONIC

Primary Colour:

White

Manufacturing Year:

2015

Engine No.:

CYG004962

Chassis No.:

WAUZZZ4GXFN083650

Maximum Power Output:

140.0 kW (187 bhp)

Open Market Value:

\$44,560.00

Original Registration Date:

31 Aug 2015

First Registration Date:

31 Aug 2015

Transfer Count:

2

Actual ARF Paid:

\$49,384.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

30 Aug 2025

PARF Rebate Amount:

\$24,692.00

Intended COE Rebate Details

COE Expiry Date:

30 Aug 2025

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$62,140.00

COE Rebate Amount:

\$6,197.00

Total Rebate Amount:

\$30,889.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 31 Aug 2024

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 First Submission	31/08/2024 15:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/08/2024 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	10 ADMIRALTY ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG5537H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KANDA SAMY SOUNDARARAJAN
NRIC No	SXXXX087Z
Email Address	ksoundararajan80@gmail.com
Mobile Phone No	(Phone) +65-98593376
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6 1.8 TFSI S TRONIC
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1798
Vehicle Fuel	-
First Registration Date	31/08/2015
Chassis no	WAUZZZ4GXFN083650
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23P00213400

DRIVER

Describe Circumstance of the Accident

NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. PIs check your policy for more information.

☒ Claim Own Policy

☐ Claim Third party

☐ Reporting Only

Sketch Plan



10 Admiralty St

A- SNG5537H

B- GBG5699R

Doa: 30/8/24

Time: 1130am

Ins: ECICS

I was Drive to car to parking car at Service road and hit one of the lorry.

Nobody injured at and nobody inside the lorry.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)