

Century Motors (Singapore) Pte Ltd (Co.Reg.No:192800002R)

6 Marsiling Lane,
Singapore 739145
Tel: 31572626 Email: claims@autoinsure.com.sg

TP INSURER:
CLASSIC ALUMINIUM INDUSTRY PTE LTD

ECICS Limited (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	08/10/2024
Vehicle Reg. No.:	SLU5228A	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	NISSAN QASHQAI, 1.2 DIG-T CVT (A)	Vehicle Reg. Date:	05/12/2017
Vehicle Colour:	WHITE		
Engine No:	HRA2531244A	Chassis No:	SJNFEAJ11U2121651
Odometer:	91570 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	10		
Present Location:	CENTURY MOTORS (SINGAPORE) PTE LTD (HQ)		

COST OF CLAIMS	Amount
Parts	12,683.00
Miscellaneous Items	200.00
Labour	3,180.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	16,063.00
+ GST 9.00% (S\$)	1,445.67
Nett Amount (S\$)	17,508.67

This claim is handled by: LEE SWEE HIAN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 14 Oct 2024)
 Parts: M1-SUV NISSAN QASHQAI 1.2 DIG-T CVT (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)

Print Code: Century Motors (Singapore) Pte Ltd/SLU5228A/14/10/2024 17:26

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		*FRT BUMPER X R	0.00	0.00	*550.00 F
2	1		*FRT NUMBER PLATE GANISH X	0.00	0.00	*220.00 F
3	1		*HEADLAMP RH X	0.00	0.00	*2,400.00 F
4	1		*HEADLAMP LH X	0.00	0.00	*2,400.00 F
5	1		*FRT GRILLE TRIM(CHROME) X	0.00	0.00	*450.00 F
6	1		*REAR BUMPER / DD	0.00	0.00	*550.00 F
7	1		*REAR BUMPER BRKT RH 1	0.00	0.00	*110.00 F
8	1		*REAR BUMPER BRKT LH 1	0.00	0.00	*110.00 F
9	1		*REAR BUMPER LOWER MOULDING X ((/h Rmp) 11	0.00	0.00	-
10	1		*REFLECTOR RH X	0.00	0.00	*55.00 F
11	1		*REFLECTOR LH X	0.00	0.00	*55.00 F
12	1		*REAR REINFORCEMENT ?	0.00	0.00	*420.00 F
13	1		*REAR END PANEL X R	0.00	0.00	*360.00 F
14	1		*TAILGATE X R	0.00	0.00	*2,400.00 F
15	1		*TAILGATE HINGE RH X	0.00	0.00	*50.00 F
16	1		*TAILGATE HINGE LH X	0.00	0.00	*50.00 F
17	1		*TAILLAMP RH X	0.00	0.00	*270.00 F
18	1		*TAILLAMP LH X	0.00	0.00	*270.00 F
19	1		*INNER TAILLAMP RH X	0.00	0.00	*250.00 F
20	1		*INNER TAILLAMP LH X	0.00	0.00	*250.00 F
21	1		*REAR NUMBER PLATE LIGHT RH X	0.00	0.00	*55.00 F
22	1		*REAR NUMBER PLATE LIGHT LH X	0.00	0.00	*55.00 F
23	1		*REAR PARKING SENSOR - BR	0.00	0.00	*200.00 F
24	1		*REAR WHEEL ARCH RH X	0.00	0.00	-
25	1		*REAR WHEEL ARCH LH X	0.00	0.00	-

F=Franchise part.

Sub Total (\$\$)	11,530.00
+ Margin on L,N Items 10.00% (\$\$)	1,153.00
Total Parts (\$\$)	12,683.00

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Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	FRT BUMPER CLIPS — APC	30.00
2	1	FRT NUMBER PLATE AND HOLDER — CUT	40.00
3	1	REAR BUMPER CLIPS — APC	30.00
4	1	REAR NUMBER PLATE AND HOLDER X	40.00
5	1	REAR WINDSCREEN SEALANT X	60.00
Sub Total (S\$)			200.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS	New 500	1,680.00
2	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	New 600	1,200.00
3	TO VACUUM, WAXING & CLEAN INC SUNDRIES	New 30	150.00
4	LABOUR TO REMOVE AND REFIT REAR WINDSCREEN	New X	150.00
Gross Labour Cost (S\$)			3,180.00

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< END OF ESTIMATES >

Steno (LKK)
15/10/24, 2:00pm
m R
L/S
My Af ry
3 days

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

227R

Vehicle Details

Vehicle No.:

SLU5228A

Vehicle to be Exported:

Yes

Intended Deregistration Date:

14 Oct 2024

Vehicle Make:

NISSAN

Vehicle Model:

QASHQAI 1.2 DIG-T CVT

Primary Colour:

White

Manufacturing Year:

2017

Engine No.:

HRA2531244A

Chassis No.:

SJNFEAJ11U2121651

Maximum Power Output:

85.0 kW (113 bhp)

Open Market Value:

\$20,143.00

Original Registration Date:

05 Dec 2017

First Registration Date:

05 Dec 2017

Transfer Count:

1

Actual ARF Paid:

\$15,201.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

04 Dec 2027

PARF Rebate Amount:

\$9,880.00

Intended COE Rebate Details

COE Expiry Date:

04 Dec 2027

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$46,791.00

COE Rebate Amount:

\$14,685.00

Total Rebate Amount:

\$24,565.00

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 14 Oct 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	09/10/2024 14:58 (SGT)
Reported by	Actual Driver
Date of Accident	08/10/2024 09:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5228A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CLASSIC ALUMINIUM INDUSTRY PTE LTD
Company Reg No	2XXXXX227R
Email Address	admin@classic.sg
Mobile Phone No	(Phone) +65-64488314
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1197
Vehicle Fuel	-
First Registration Date	-
Chassis no	SJNFEAJ11U2121651
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5145003555

DRIVER

Name of Driver	SAI MYINT OO
Work Permit No	GXXXX227R
Date Of Birth	29/09/1988
Occupation	Outdoor
Driving Pass Date	03/01/2020
Driving License Pass Class	3C
Driving License Validity	Valid
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91983178
Alt. Phone Number	-
Email Address	project@classic.sg
Address	490A TAMPINES ST 45 #04-211
Address complement	-
Postcode	520490
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU6434C
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNN3768J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHA4157E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

Driving along Pic toward was
Front Car stop. I follow him, suddenly I felt
an impact from the ~~car~~^{deer} which cause my car
to hit front.

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRICSD card)

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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of essential 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 afterwards.

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 be 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 furnished 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 the accident and the Insurers' lawyers/law firms, may be 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 also 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

	<p>A-SLW5228A</p> <p>B-SMU6434C</p> <p>C-SNN3768S</p> <p>D-SHA4H57E</p>
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1/10/2022