ASS. REC. BY: Taufik | REF: CS/ICS24060246/TqP3

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: tbg

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X	

Bal. or Market Value: $ 78K

IDAC Accident Rport: _____ 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: SJL1155Z Yr Regn: 2018, 01

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

Make: Mazda CX5 c.c 1998

Colour Grey A/C: Insured / Std / NI / NA

Sp.Reading 105718 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6KF2W7HJ0146390

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: 245/45R19

R: " "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	25/6/24

Survey held at Convergence Auto

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

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 ($ _____)

Survey Fee:

Transportation: _____ $ + RS _____ SI

Photos

Others

Report Format : _____

Lump Sum / I.B.I. / F

Convergence Automotive Pte Ltd (Co.Reg.No:201820703D)
39 Woodlands Close, MEGA@Woodlands #01-24
Singapore 737856
Tel: 6993 2080 Email: operations@convergenceauto.com.sg

INSURER: **ECICS Limited (HQ)**

PARTICULARS OF CLAIM			
Claim Type:	OD (Own Damage)	Ref. No:	
Policy No:	MPC24A00047000	Date of Loss:	11/06/2024
Vehicle Reg. No.:	**SJL1155Z**	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	SIM AI LING		
Make/Model:	MAZDA CX-5, 2.0 PREMIUM EU6 (A)	Vehicle Reg. Date:	26/01/2018
Vehicle Colour:	Grey		
Engine No:	PE31160850	Chassis No:	JM6KF2W7AJ0146390
Odometer:	105118 KM		
Paint Type:			
Total Loss?	**NO**		
Est. Duration of Repair (day)	8		
Present Location:	CONVERGENCE AUTOMOTIVE PTE LTD (HQ)		

COST OF CLAIMS	Amount
Parts	8,860.50
Miscellaneous Items	0.00
Labour	3,840.00
Paintwork Labour	440.00
Towing	80.00
Calculated Gross Total (S$)	**13,220.50**
- Excess (S$)	500.00
(S$)	12,720.50
+ GST 9.00% (S$)	1,144.85
Nett Amount (S$)	**13,865.35**

This claim is handled by: WONG SIANG YEE

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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:

Taufiki 97495749/62563561
Not Approvise Revent
Ex: to be advise
taufiki@lkkauto.com
6-7days

P/P To Resurvey before paint
- Resurvey check items
- provide wheel alignment report

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 24 Jun 2024)
Parts: M1-SUV MAZDA CX-5 2.0 PREMIUM EU6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: **Convergence Automotive Pte Ltd/SJL1155Z/24/06/2024 19:33**
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		*RR BUMPER	0.00	0.00	*650.00 F
2	1		*RR TAILGATE	0.00	0.00	*1,200.00 F
3	1		*LOWER ARM	0.00	0.00	*280.00 F
4	1		*KNUCKLE ARM	0.00	0.00	*180.00 F
5	1		*WHEEL BEARING	0.00	0.00	*240.00 F
6	1		*RACK END	0.00	0.00	*80.00 F
7	1		*ABSORBER LINKAGE	0.00	0.00	*45.00 F
8	1		*TIE ROD END	0.00	0.00	*80.00 F
9	2		*AIR BAG	0.00	0.00	*3,600.00 F
10	2		*AIR BAG ECU	0.00	0.00	*1,500.00 F
11	1		*RIM	0.00	0.00	*200.00 F

F=Franchise part.

Sub Total (S$)	**8,055.00**
+ Margin on L,N Items 10.00% (S$)	805.50
Total Parts (S$)	**8,860.50**

Convergence Automotive Pte Ltd/SJL1155Z/24/06/2024 19:33. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

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 [illegible] is allowed
• Supplementary item(s) must be surveyed and
is subject to limit [illegible] Insurance Company

Acknowledged by Repairer
Signature:
Date:

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Paintwork Labour			
1	**SPRAY PAINT**	New	440.00 400
Labour Items			
2	**VEHICLE REPAIR COST**	New	2,240.00 600
3	**WIRING + CODING**	New	1,500.00 250
4	**ALIGNMENT**	New	100.00 80
		Gross Labour Cost (S$)	**4,280.00**

Convergence Automotive Pte Ltd/SJL1155Z/24/06/2024 19:33. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

< END OF ESTIMATES >

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	537C
Vehicle Details	
Vehicle No.:	SJL1155Z
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Jun 2024
Vehicle Make:	MAZDA
Vehicle Model:	CX-5 2.0 AT PREMIUM EU6
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	PE31160850
Chassis No.:	JM6KF2W7AJ0146390
Maximum Power Output:	121.0 kW (162 bhp)
Open Market Value:	$26,918.00
Original Registration Date:	26 Jan 2018
First Registration Date:	26 Jan 2018
Transfer Count:	0
Actual ARF Paid:	$29,686.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Jan 2028
PARF Rebate Amount:	$19,295.00
Intended COE Rebate Details	
COE Expiry Date:	25 Jan 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$42,661.00
COE Rebate Amount:	$15,435.00
Total Rebate Amount:	**$34,730.00**

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 12 Jun 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 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 First Submission	12/06/2024 11:56 (SGT)
Reported by	Actual Driver
Date of Accident	11/06/2024 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG LOWER DELTA ROAD TO ALEXANDRA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1155Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM AI LING
NRIC No	SXXXX537C
Email Address	JEFFFSM@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96991155
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Cx-5
Variant	MAZDA / CX-5 2.0 AT PREMIUM EU6
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	2000

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24A00047000

DRIVER

Name of Driver	FOO SHI MING
NRIC No	SXXXX844G
Date Of Birth	23/12/1975
Occupation	Indoor

Driving Pass Date	05/05/1995
Driving experience	29 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96991155
Alt. Phone Number	-
Email Address	JEFFFSM@HOTMAIL.COM
Address	2 GATEWAY DRIVE #05-04
Address complement	-
Postcode	608533
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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?	No
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 TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY(1)

Vehicle Registration Number	SMJ3012P
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. [illegible]
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. [illegible]
4. [illegible]
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. [illegible]
7. [illegible]

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 [illegible] (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 laws in administering, processing, handling and/or dealing with my claims,

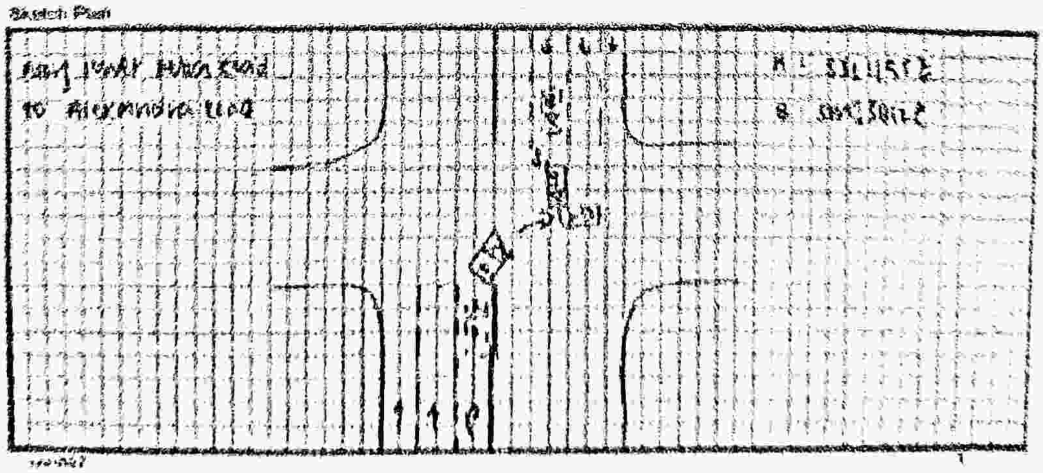
(collectively the "Purposes");

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' 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.

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/Stamp)

Sketch Plan



Describe Circumstances of the Accident

On the stated time and date, I was driving vehicle A, SJL1155Z turning right when I misjudged the opposite vehicle B, SMJ2017P approaching. I also thought vehicle B was turning right and thus, proceeded with my turn. However, vehicle B was going straight and thus collided with me.

Declaration

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

Policyholder's Signature / Date & Time

Insured Driver's Signature (if different from the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name and NRIC/ID no.)