



MOTORIMAGE ENTERPRISES PTE. LTD.  
25 LENG KEE ROAD  
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS  
WORKSHOP : LENG KEE  
CONTACT NO :  
REFERENCE : INS/IC/CHI/0131/2024  
DATE : 27-JUN-2024

ECICS LIMITED  
10 EUNOS ROAD 8  
#09-04A SINGAPORE POST CENTER  
S(408600)  
TEL : 6337 4779  
FAX : 6338 9267

OWNER'S NAME : WAN YI-LING (RUAN YILING) @NURUL SHAZLINA WAN  
ADDRESS : APT BLK 8 CHO A CHU KANG GROVE  
#07-17  
S(688206)  
TELEPHONE NO : 9227 1207

TYPE OF CLAIM : THIRD PARTY CLAIM  
POLICY NO : 7230115371 AIG  
VEHICLE NO : SMG7014Z  
MODEL CODE : GT7CKVL  
MODEL/YEAR : XV 2.0I-S EYESIGHT AWD CVT  
ENGINE NO : FB20CE07986  
CHASSIS NO : JF1GT7KL5KG061501  
MILEAGE : 1 KM  
DATE IN : 27/06/2024  
LIABILITY : 0.00  
EXCESS CLAUSE : -0.00  
ESTIMATE BY : DENNIS LEONG JIA HUI  
ACCIDENT DATE : 27/06/2024

Print Date : 27/06/2024  
Print Time : 13:47:32

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SMG7014Z

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	TPCLAIM	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST ECICS INS -GU1118U		
2	ZZ/001	DOA:26/JUN/2024      TIME:1200 HRS LOC:18 BOON LAY WAY OUTSIDE UNIT 05-129		
3	ZZ/002	REPLACE FRONT BUMPER & LHS FENDER 680	2000.00	1360
4	ZZ/003	RESRPAY FRONT BUMPER & LHS FENDER 600	1500.00	1200
5	ZZ/004	TO RMV, INSP & TRANSFER FRONT RADIATOR GRILLE AND FOG LAMPS TO NEW BUMPER (S/N)	120.00	✓
6	ZZ/005	TO RMV, INSP & REFIT HEADLAMP WASHER,HOSE & RLTD COMP FOR REPAIRS (S/N)	180.00	?
7	ZZ/006	TO RMV & REPLACE ONE LED HEADLAMP WITH CALLIBRATION (S/N)	130.00	?
8	ZZ/007	CARRY OUT DIAGNOSTIC CHECKS & RESET SYSTEMS (S/N)	320.00	✓
9	ZZ/008	SUNDRIES	100.00	30
TOTAL LABOUR CHARGES			4350.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SMG7014Z

		DAMAGED PARTS & PRICES			
S/NO	PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST	S/NETT S/LIST REMARKS
1	FENDER F XUV LH	57120FL0709P			225.00 <i>bb</i>
2	BUMPER PUNCHING F	57702FL310			642.00 ?
3	BRKT CORNER F FHILH	57707FL010			39.00 ?
4	BRKT SD F XUV RH	57707FL040			8.00 X
5	BRKT SD F XUV LH	57707FL050			8.00 ?
6	COVER FOG F XUV LH	57731FL091			50.00 X
7	LAMP ASSY HEAD LHS	84002FL110			2723.00 ?
8	CLIP BMPR *11PCS	909140007			33.00 <i>ng</i>
9	CLIP *4PCS	909140062			16.00 <i>ng</i>
10	GARNISH AY FENDERLH	91112FL130			152.00 <i>de</i>
SUB TOTAL			0.00	0.00	3896.00 0.00
LESS DISCOUNT ( )			0.00	0.00	0.00 0.00
GRAND TOTAL			0.00	0.00	3896.00 0.00
OVERALL TOTAL			3896.00		

LEGEND: REMARKS( OK ) = APPROVED, REMARKS( X ) = NOT APPROVED

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SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SMG7014Z

TOTAL LABOUR CHARGES	4350.00
TOTAL SPARE PARTS CHARGES	3896.00
GRAND TOTAL	8246.00 *

\* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME	:	
SURVEYED DATE	:	
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	0.00
LIABILITY	:	0.00
REMARKS	:	

Tanjiu 97495749 / 62563561  
w/p 3/7/24 @ 1110am  
p/p Resurvey before paint  
Tanjiu @ lkkauto.com  
4 days

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

**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:

# 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	26/06/2024 18:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/06/2024 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	18 BOON LAY WAY OUTSIDE UNIT 05-129
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7014Z
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WAN YI-LING (RUAN YILING) @NURUL SHAZLINA WAN
NRIC No	SXXXX080E
Email Address	Yilingwan@gmail.com
Mobile Phone No	(Phone) +65-92271207
Alternative Phone No	

### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Xv
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	2000

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7230115371

### DRIVER

Name of Driver	WAN YI-LING (RUAN YILING) @NURUL SHAZLINA WAN
NRIC No	SXXXX080E
Date Of Birth	17/03/1977
Occupation	Indoor

Living Pass Date	26/02/2002
Driving experience	22 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92271207
Alt. Phone Number	-
Email Address	Yilingwan@gmail.com
Address	8 CHOA CHU KANG GROVE
Address complement	#07-17
Postcode	688206
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

KINDLY REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	GU1116U
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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. 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 reputate 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 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' law yers/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;

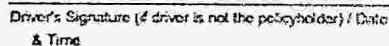
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

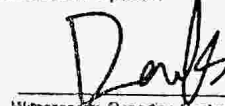
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

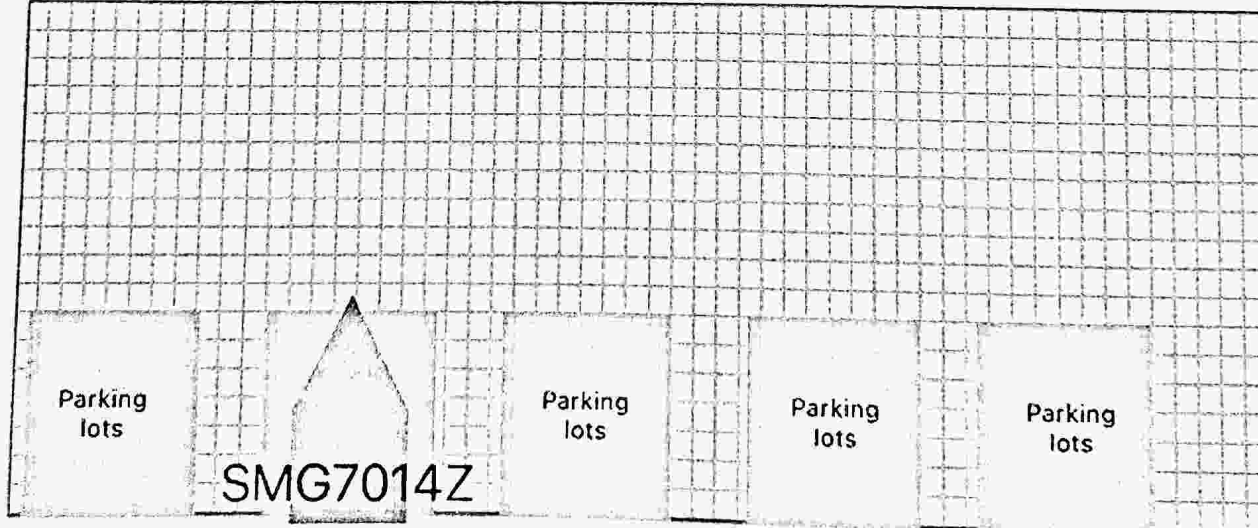
  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel



Sketch Plan

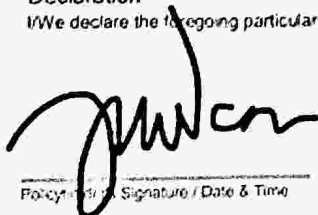


Describe Circumstance of the Accident

Vehicle number GU1118U accidentally reversed into our car (SMG7014Z) parked at 18 Boon Lay Way outside unit 05-129 on 26 June 2024 at 12pm. It resulted in a dent on the left front part of our car.

**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





Witnessed by Reporting Centre Personnel