ASS. REC. BY:	
Kenneth	SSIGNMENT
From: Date:	Veh No: SJX 7963 & Yr Regn: 07, 10
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	11 - 4)
at Workshop m/s Accord	- 1 toliga, 1 tvante co 1391
of	- Insured / Std / NI / NA
Insured:	Sp.Reading 18 2018 T/Radio: Insured / Std / NI / NA Eng/No:
Policy No.	
Claims No.	- 1 110 071511170 02112.
Sum Insured: Excess:	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Januaried / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
Constant Constant	Modi: NII / S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 195/60R15
Remark: The year had	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM/
	TOYO/YOKO or Nexes
Bal. or Market Value: \$ 85001	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal S S S
GIA / PR Seen: Consistent?: Yes or No	Mm Noa. mm
Est. Repairs: O5 days Res.: Yes or No	mm dod.
Lum Sum: 70 % 3 Val.: Yes or No	777
	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Vehicle: IN / OUT	Ols For WUIC
	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
The state of the s	A STATE OF THE PARTY OF THE PAR
	*
mo, File Pass to?	The state of the s
: Prell. Report Day	ys Of Repair:
: Final Report Res	survey No. of Trip: Survey Fee:
o, File Return to?	Survey No. of Trip: Survey Fee:
_	Transportation
Add Fee:	: Site Insp (\$ )_s-Rs_si
	The state of the s
Tarfact .	: Interview (S ), Fields
ormat:	Theh to 10
m / I.B.I: (S	Tech invs (a
	Weekend (\$
	107AL

OI

# Accord Auto Services Pte Ltd (Co.Reg.No:201113141K) 10 Ang Mo Kio Ind Park 2A #03-11, AMK Auto Point Singapore 568047 Tel: 64819517/85715140 Fax: 64819515 Email: admin@mycarworkshop.com.sg

TP INSURER:

VIENNA DIONNE CHIA CHYE JUAN

ECICS Limited (HQ)

Singapore

PARTICULARS OF CLAIM	THE CONTRACT OF THE CONTRACT O		based the Manager Co. Sec. Married States
Claim Type: Policy No: Vehicle Reg. No.: Party At Fault: Driver (TP):	THIRD PARTY  SJX7963E  UNKNOWN  VIENNA DIONNE CHIA CHYE JUAN	Ref. No: Date of Loss: Driveable?	25/11/2024
Make/Model: Vehicle Colour: Engine No:	HYUNDAI AVANTE, 1.6 (A) RED	Vehicle Reg. Date:	13/07/2010
Odometer:	G4FCAU848739 0 KM	Chassis No:	KMHDU41BMAU020201
Paint Type:			- conser
Total Loss?	NO /	1.18	Ð
st. Duration of Repair (day)	5	0,70	y & Afer Pains
resent Location:	ACCORD AUTO SERVICES PTE LTD (HQ)	puhn	y Ath Pain

	The second secon
	Amount
	8,505.60
	380.00
	3,870.00
	0.00
	0.00
Gross Total (S\$)	12,755.60
+ GST 9.00% (S\$)	1,148.00
Nett Amount (S\$)	13,903.60
	Gross Total (S\$) + GST 9.00% (S\$)

This claim is handled by: GOH JACQUELINE

Generated using Merimen e-Claims Internet Estimation & Adjusting System

### PAIR DETAILS

#### *keference*

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 27 Nov 2024)

Parts: 143 HYUNDAI AVANTE 1.6 (A) (Catalogue: Merimen Singapore 1.0) Repairer's (Price-denominated Standard List) Labour:

Print Code: (Unsubmitted, no print-code for SJX7963E)

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

1 1		%Disc	%Disc %Depr		Amount	
	*FRONT RH DOOR	0.00	0.00	n		
2 1 3 1	*FRONT RH DOOR OUTER MOUNDLING	0.00	0.00	"In "	,090.00 F	
4 1	*FRONT RH DOOR RUBBER @ DOOR	0.00	0.00	0	*45.00 F	
5 1	*FRONT RH DOOR RUBBER @ BODY	0.00	0.00	Sa	*106.00 F X	
6 1	*FRONT RH FENDER	0.00		By	*97.00 F	
7 1	*FRONT RH FENDER INNER SHIELD	0.00			*440.00 F	
3 1	*FRONT BUMPER	0.00	-100	cm		
1	*FRONT BUMPER SIDE RETAINER RH	0.00			*435.00 F	
0 1	*FRONT HEADLAMP RH		0.00	cm	*22.00F -	
1	*FRONT HEADLAMP LOWER BRACKET	0.00	17 100	mil	*480.00 F	
1	*FRONT SHOCK ABSORBER RH	0.00	0.00	cm	*790.00 F	
1	*FRONT KUNCKLE RH	0.00		0	*234.00 F	
1	*FRONT LOWER ARM RH	0.0		Ry	*309.00F -	
	*FRONT STABILIZER LINKAGE RH	0.0			*282.00 F	
1	*FRONT TIE ROD RH	0.0	0.00		*200.00 F	
1	*FRONT RACK END RH	0.0	0.00		*95.00 F	
1		0.0	0.00		*55.00 F	
1	*FRONT WHEEL BEARING RH	0.0	0.00	M	*124.00 F	
2	*FRONT BONNET	0.0	0.00	Ry	*1,067.00 F	
1	*FRONT BONNET HINGE	0.0	00.00	n	*260.00 F	
nchise part.	*RIM	0.0	0.00	Po		
		ub Total (S\$)			7,088.00	
	+ Margin on L,N Items					
	r rangill on L, w Items	20.00% (3\$)	its note.		1,417.60	
	To	tal Parts (S\$)			8.505.60	

Report was unsubmitted during this print-out, Generated using **Merimen e-Claims IEAS** 

Merimen e-Claims

cellaneous Items

FRONT BUMPER CLIPS

FRONT FENDER INNER SHIELD CLIPS

50.00 50.00

Sub Total (S\$)

280.00 7071

Amount

Estimates on Labour

No Particulars

La	bour Items	Lab.Type		Amount
1	SPRAY PAINT ON ALL AFFECTED AREA  LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN TO CHECK WITTING	New	1	<i>800</i> 1,500.00
3	TO CHECK WIRING SYSTEM TO APPLY ANTI RUST TREATMENT	New	200	1,500.00
	WHEEL ALIGNMENT	New	601	120.00
	TO REMOVE/REFIX/REPLACE UNDERCARRIAGE TO REMOVE/REPLACE/REFIX FRONT FRO	New New	200	150.00 350.00
	TO REMOVE/REPLACE/REFIX FRONT RH DOOR WINDOW GLASS, MECHANISM & ETC TO NEW DOOR	New	1	150.00

Gross Labour Cost (S\$)

3,870.00

Report was unsubmitted during this print-out. 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:

# **©** SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Vehicle Registration Number

Alternative Phone No

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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.

oncy liability.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

4. The Issue and acceptance of this Form by insurance companies is not an aurilisation of policy liability of this porting may be referred to the Police for investigation.
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 26/11/2024 16:23 (SGT) Reported by Both Policyholder and Actual Driver **Date of Accident** 25/11/2024 19:22 (SGT) Exact Location of Accident Upper Serangoon Rd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

SJX7963E

INSURED/POLICYHOLDER Is company? Name Of Registered Owner VIENNA DIONNE CHIA CHYE JUAN NRIC No SXXXX974Z Email Address VIENNACHIA@HOTMAIL.COM Mobile Phone No (Phone) +65-91896327

#### VEHICLE PARTICULARS

Manufacturer AVANTE 1.6 AT ABS D/AB 2WD 4DR Model Variant ..... Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party ..... your vehicle? Vehicle Category Private car Transmission Auto 1591 CC Petrol Vehicle Fuel 13/07/2010 First Regisration Date KMHDU41BMAU020201 Chassis no 01/08/2020 03:08 (SGT) Effective Date/Time of Ownership

#### INSURANCE COMPANY

Etiga Insurance Pte Ltd Name of Insurance Company Policy Number / Cover Note Number M0060691

DRIVER

#### SKETCH PLAN

JEOPEXZE:A HOY VEH B: 6875591 VEH C:

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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. Information provided must be as <u>Inathful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to. insurance companies to repudiate policy liability.
- 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' 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
- (ii) investigating the accident and/or my daims;
- (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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Tirne

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

Witnessed by Reporting C (Name as in NRIC/ID cord)

