

ASS. REC. BY:

REF: 1CS1

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD 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: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

S + RS. SI

F. P. S.

Others

TOTAL

Report Format:

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

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

INSURER:

ECICS Limited (HQ)

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	MPC24A00323001	Date of Loss:	05/12/2024
Vehicle Reg. No.:	SDP14D	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	GOH HWEE NGEE MICHELLE		
Make/Model:	HYUNDAI ELANTRA, 1.6 (A)	Vehicle Reg. Date:	16/08/2016
Vehicle Colour:	BLACK	Chassis No:	KMHD841CMHU161219
Engine No:	G4FGGU169394		
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	2 days		
Present Location:	ACCORD AUTO SERVICES PTE LTD (HQ)		

Not Authorized

11 days @

Repair After Paint

Ex Waive

COST OF CLAIMS

	Amount
Parts	1,001.00
Miscellaneous Items	100.00
Labour	1,820.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,921.00
+ GST 9.00% (S\$)	262.89
Nett Amount (S\$)	3,183.89

This claim is handled by: ADMIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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

Version: 1.0 (Last Synchronised: 11 Dec 2024)

Parts: 143

HYUNDAI ELANTRA 1.6 (A) (Catalogue: Merimen Singapore 1.0)

Labour: Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SDP14D)**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					
2	2		*REAR BUMPER	0.00	0.00	*330.00 F
3	1		*REAR BUMPER SIDE RETAINER	0.00	0.00	*44.00 F
4	1		*REAR BUMPER REFLECTOR LH	0.00	0.00	*28.00 F
5	1		*REAR BUMPER REFLECTOR RH	0.00	0.00	*28.00 F
6	1		*REAR BUMPER LOWER	0.00	0.00	*125.00 F
7	1		*REAR REINFORCEMENT BAR	0.00	0.00	*160.00 F
8	1		*REAR END PANEL	0.00	0.00	*160.00 F
			*REAR END PANEL TOP GARNISH	0.00	0.00	*35.00 F
Sub Total (\$)						910.00
+ Margin on L,N Items 10.00% (\$)						91.00
Total Parts (\$)						1,001.00

F=Franchise part.

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

on Miscellaneous Items

Particulars	Amount
Labour Items	
REAR BUMPER CLIPS SET	na 50.00 ✓
REAR FENDER INNER SHILED RH SET	na 50.00 X
Sub Total (S\$)	100.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	SPRAY PAINT ON ALL AFFECTED AREA	New	800.00
2	LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	New	200 800.00
3	TO CHECK WIRING SYSTEM & LIGHT	New	100.00 100.
4	TO APPLY ANTI RUST TREATMENT	New	na 120.00 X
Gross Labour Cost (S\$)			1,820.00

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

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	06/12/2024 16:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/12/2024 17:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE/CITY EXIT 10 BEFORE BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP14D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH HWEE NGEE MICHELLE
NRIC No	SXXXX289J
Email Address	MICHELLEGOHHN@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93870660
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591
Vehicle Fuel	-
First Registration Date	-
Chassis no	KMHD841CMHU161219
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24A00323001

DRIVER

VEH A: 50P14A
VEH B: 5KA4319M
VEH C: N1L

IMPORTANT NOTICE

SKETCH PLAN

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 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.

6. 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 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

06/12/2024

Policyholder's 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)

Sketch Plan

CTE (city) Refore Bradell Rd

← E7 × E12 →

←
←
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