

**Charn's Customcraft** (Co.Reg.No 25151300M)

Block 1010 Bukit Merah Lane 3, #01-105

Singapore 159724

Tel: 62717054 Fax: 62736676 Email: charns@singnet.com.sg

INSURER:

**ECICS Limited (HQ)****PARTICULARS OF CLAIM**

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	MPC24P00259800	Date of Loss:	19/12/2024
Vehicle Reg. No.:	<b>SNG8898X</b>	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	NG CHOW LENG STANLEY	Contact No:	+6597988898
Make/Model:	HONDA CIVIC, 1.6 VTI CVT (A)	Vehicle Reg. Date:	09/07/2019
Vehicle Colour:	RED	Chassis No:	MRHFC5650KT000646
Engine No:	R16B25510688		
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	7		

Present Location: CHARN'S CUSTOMCRAFT (HQ)

**COST OF CLAIMS**

	<b>Amount</b>
Parts	6,950.90
Miscellaneous Items	70.00
Labour	1,890.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>8,910.90</b>
<b>+ GST 9.00% (S\$)</b>	<b>801.98</b>
<b>Nett Amount (S\$)</b>	<b>9,712.88</b>

**This claim is handled by: SHARON LEE CHIA LING**

Generated using Merimen e-Claims Internet Estimation &amp; Adjusting System

## REPAIR DETAILS

## Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 25 Dec 2024)

Parts: 143

HONDA CIVIC 1.6 VTJ CVT (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's

(Price-denominated Standard List)

Print Code: Charn's Customcraft/SNG8898X/25/12/2024 22:44

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		*Front windscreen / BR	0.00	0.00	*1,350.00 F
2	1		*Front windscreen chrome moulding / PC	0.00	0.00	*130.00 F
3	1		*Bonnet / OH	0.00	0.00	-
4	1		*Bonnet hinge / BT	0.00	0.00	*100.00 F
5	1		*Front bumper / BR	0.00	0.00	*340.00 F
6	1		*Front bumper retainer / BR	0.00	0.00	*36.00 F
7	1		*Front bumper retainer top seal / CPY	0.00	0.00	*38.00 F
8	1		*Headlamp RHS / BR	0.00	0.00	*940.00 F
9	1		*Grille / BR	0.00	0.00	*120.00 F
10	1		*Grille LHS / BR	0.00	0.00	*100.00 F
11	1		*Grille RHS / BR	0.00	0.00	*100.00 F
12	1		*Support panel garnish	0.00	0.00	*50.00 F
13	1		*Front bumper fog light chrome (RH) / CPY	0.00	0.00	*130.00 F
14	1		*Front fender RHS / OH	0.00	0.00	*210.00 F
15	1		*Front fender LHS / OH	0.00	0.00	*210.00 F
16	1		*Front fender inner shield RHS / TN	0.00	0.00	*60.00 F
17	1		*Air con condenser X	0.00	0.00	*365.00 F
18	1		*Air con fan motor X	0.00	0.00	*370.00 F
19	1		*Air con fan blade X	0.00	0.00	*75.00 F
20	1		*Air con fan cowling X	0.00	0.00	*125.00 F
21	1		*Radiator X	0.00	0.00	*550.00 F
22	2		*Radiator side garnish (RH) / BR	0.00	0.00	*120.00 F
23	1		*Support panel / OH	0.00	0.00	*550.00 F
24	1		*Logo / TN	0.00	0.00	*30.00 F
25	1		*Air con suction pipe X	0.00	0.00	*130.00 F
26	1		*Air con liquid pipe (receiver pipe) X	0.00	0.00	*90.00 F

F=Franchise part.

Sub Total (\$\$)

6,319.00

+ Margin on L,N Items 10.00% (\$\$)

631.90

Total Parts (\$\$)

6,950.90

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10:02 PM

## Estimates on Miscellaneous Items

Qty	Particulars	Amount
<b>Miscellaneous Items</b>		
1	1 Front no.plate - S/nett	35.00
2	1 Radiator coolant - S/nett	35.00
Sub Total (\$\$)		70.00

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	Remove and replace a/c condenser including refill gas	New	100.00
2	Check wiring function	New	40.00
3	Remove necessary parts; jacking panel beating, repair and straighten front inner panel inclusive replacing the above.	New	700 750.00
4	Putty and respray front inner panel, bonnet, support panel, front fenders LHS/RHS and front bumper	New	800 1,000.00
Gross Labour Cost (\$\$)			1,890.00

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&lt; END OF ESTIMATES &gt;

Steve (LKK) +6911-9429541

Steve@lkkaut.com

2/1/25, 10.00

OD- 1/1 AL

Excess - \$600

L/S

4 AL 1/1  
6 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:

## 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	19/12/2024 12:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/12/2024 07:51 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Bartley Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SNG8898X

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHOW LENG STANLEY
NRIC No	SXXXX805F
Email Address	stanleyngcl@gmail.com
Mobile Phone No	(Phone) +65-97988898
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24P00259800

#### DRIVER

Name of Driver	NG CHOW LENG STANLEY
NRIC No	SXXXX805F
Date Of Birth	03/02/1974
Occupation	Indoor
Driving Pass Date	15/09/1992
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	32 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97988898
Alt. Phone Number	-
Email Address	stanleyngcl@gmail.com
Address	204 Jurong East Street 21 #07-255
Address complement	-
Postcode	600204
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	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	1
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

Please Refer To Accident 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 1

Vehicle Registration Number	SLV5457A
Vehicle Manufacturer	-



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	KOH KIM LENG JOHNY
NRIC No	SXXXX596G
Contact Number	(Phone) +65-98898779
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

Veh A 3NC18898X  
Veh B SLV5457A

## 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 willful 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. The 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 the 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 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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

19/12/24 not

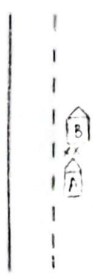
Policyholder's Signature / Date & Time

Sketch Plan

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



Witnessed by Reporting Centre Personnel



Sunday 2d

**Describe Circumstances of the Accident**

Describe Circumstances of the Accident

Vehicle SNG889RX  
Vehicle SLV5457A

When I drive my car at Bartley Rd, The vehicle B at front of my car suddenly stop, I cannot stop at time hit vehicle B rear and rear LH side.

### Declaration

We declare the foregoing particulars are true in every respect.

१७/१२/२४ १०७

Policyholder's Signature / Date &  
Time

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



Witnessed by Reporting Centre  
Personnel