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:	MPC24A00055201	Date of Loss:	05/07/2024
Vehicle Reg. No.:	**SLL9149R**	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	SIM WEE LIM		
Make/Model:	HONDA SHUTTLE, 1.5 (A)	Vehicle Reg. Date:	15/03/2017
Vehicle Colour:	WHITE		
Engine No:	L15B5000055	Chassis No:	GK81100054
Odometer:	0 KM		
Paint Type:			
Total Loss?	**NO**		
Est. Duration of Repair (day)	10		
Present Location:	ACCORD AUTO SERVICES PTE LTD (HQ)		

COST OF CLAIMS

	Amount
Parts	6,561.50
Miscellaneous Items	570.00
Labour	3,470.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**10,601.50**
+ GST 9.00% (S$)	954.14
Nett Amount (S$)	**11,555.64**

This claim is handled by: ADMIN

*Generated using **Merimen e-Claims Internet Estimation & Adjusting System***

AIR DETAILS

erence

t Source:

arts: N/A (Last Synchronised: 08 Jul 2024)

abour: Repairer's HONDA SHUTTLE 1.5 (A) (Model not available in database)

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SLL9149R)

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 BONNET	0.00	0.00	*480.00 F
2	2		*FRONT BONNET HINGE	0.00	0.00	*44.00 F
3	1		*FRONT HEADLAMP RH	0.00	0.00	*1,250.00 F
4	1		*FRONT HEADLAMP LOWER BRACKET RH	0.00	0.00	*28.00 F
5	1		*FRONT BUMPER	0.00	0.00	*480.00 F
6	1		*FRONT BUMPER SIDE RETAINER RH	0.00	0.00	*6.00 F
7	1		*FRONT BUMPER LOWER GRILLE	0.00	0.00	*55.00 F
8	1		*FRONT FOGLAMP GARNISH RH	0.00	0.00	*20.00 F
9	1		*FRONT FENDER RH	0.00	0.00	*120.00 F
10	1		*FRONT FENDER INNER SHIELD RH	0.00	0.00	*80.00 F
11	1		*FRONT REINFORMCENT BAR	0.00	0.00	*170.00 F
12	1		*FRONT SHOCK ABSORBER RH	0.00	0.00	*200.00 F
13	1		*FRONT KUNCKLE ARM RH	0.00	0.00	*180.00 F
14	1		*FRONT LOWER ARM RH	0.00	0.00	*110.00 F
15	1		*FRONT WHEEL BEARING RH	0.00	0.00	*85.00 F
16	1		*FRONT WHEEL BEARING HUB RH	0.00	0.00	*75.00 F
17	1		*FRONT RAEK END RH	0.00	0.00	*55.00 F
18	1		*FRONT TIE ROD END RH	0.00	0.00	*35.00 F
19	1		*FRONT TRIANGLE GLASS RH	0.00	0.00	*330.00 F
20	1		*FRONT TRIANGLE GLASS MOULDING RH	0.00	0.00	*50.00 F
21	1		*FRONT WINDSCREEN	0.00	0.00	*800.00 F
22	1		*FRONT WINDCREEN MOULDING	0.00	0.00	*60.00 F
23	1		*FRONT WINDSCRREN WIPER GARNISH RH	0.00	0.00	*12.00 F
24	1		*FRONT DOOR RH	0.00	0.00	*380.00 F
25	2		*FRONT DOOR HINGE RH	0.00	0.00	*60.00 F
26	1		*FRONT SPORT RIM RH	0.00	0.00	*800.00 F

F=Franchise part.

Sub Total (S$)	5,965.00
+ Margin on L,N Items 10.00% (S$)	596.50
Total Parts (S$)	6,561.50

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

...iates on Miscellaneous Items

...ty	Particulars		Amount
	...cellaneous Items		
1	FRONT BUMPER CLIPS ✓ PK	30	50.00
2	FRONT FENDER INNER SHIELD CLIPS ✓ PK	20	100.00
3 2	SEALANT ✓ PK	60	320.00
4 1	TYRE – TP (80% of ...)	80	100.00
		Sub Total (S$)	**570.00**

Estimates on Labour

No	Particulars	Lab.Type		Amount
	Labour Items			
1	SPRAY PAINT ON ALL AFFECTED AREA	New	800	1,200.00
2	LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	New	600	1,200.00
3	TO CHECK WIRING SYSTEM	New	30	100.00
4	TO APPLY ANTI RUST TREATMENT	New	30	120.00
5	TO REMOVE/REPLACE/REFIX FRONT TYRE & RIM	New	30	150.00
6	TO REMOVE/REPLACE/REFIX RH UNDER CARRIAGE	New	?	200.00
7	TO CHECK & ADJUST WHEEL ALIGNMENT	New	80	150.00
8	TO REMOVE/REFIX/REPLACE FRONT WINDSCREEN & FRONT TRIANGLE GLASS RH TO NEW & ETC	New	200	350.00
		Gross Labour Cost (S$)		**3,470.00**

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

< END OF ESTIMATES >

Steve (LKK)
9/7/24, 5.?pm
OD - Not A/L
Exam - ?
P/P
M Rel 5m
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:

SA1924750003 / ACCORD AUTO SERVICES PTE LTD[568047]
ENTRY DATE & TIME: 05/07/2024 17:47 (SGT)
SUBMITTED BY: GOH JACQUELINE
VERSION: 1 (05/07/2024 17:47 (SGT))

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	05/07/2024 17:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/07/2024 13:10 (SGT)
Exact Location of Accident	Near Opp Hougang G. Shop Mall, Singapore
Additional Location Information	ALONG HOUGANG ST 51
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9149R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM WEE LIM
NRIC No	SXXXX908J
Email Address	WEELIMSIM@GMAIL.COM
Mobile Phone No	(Phone) +65-90670129
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24A00055201

DRIVER

Name of Driver	SIM WEE LIM
NRIC No	SXXXX908J
Date Of Birth	22/09/1981
Occupation	Indoor

Driving Pass Date	04/09/2003
Driving experience	20 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90670129
Alt. Phone Number	-
Email Address	WEELIMSIM@GMAIL.COM
Address	BLK 996B BUANGKOK CRESCENT #13-895
Address complement	-
Postcode	532996
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	CHIA CAI XUAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	FBS5488U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS5488U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

VEH A: SLL 9149R
VEH B: FBS 5488U
VEH C:

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 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.
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.

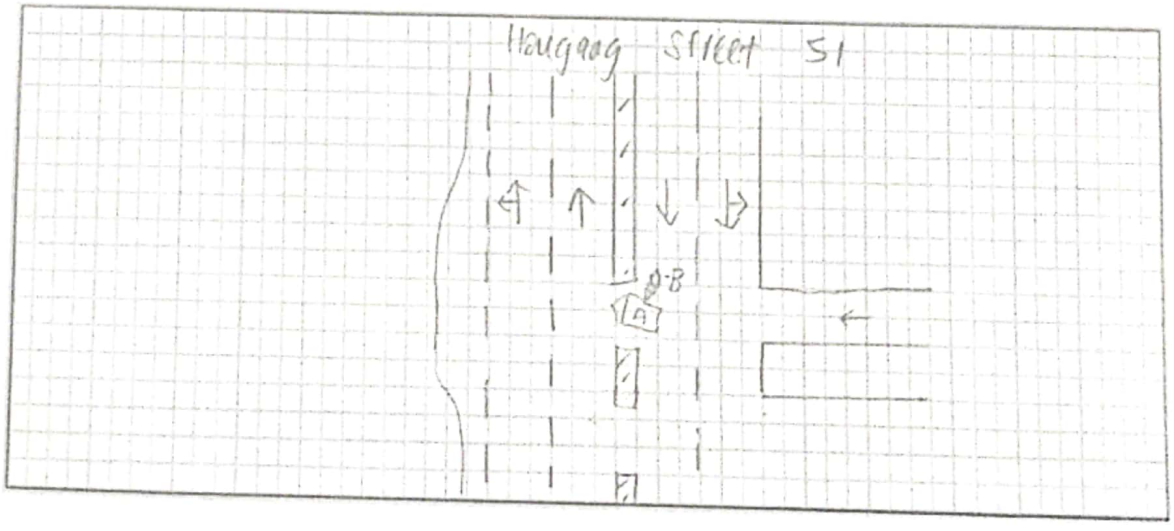
5/7/24
Policyholder's Signature / Date & Time

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

ACCORD AUTO SERVICES PTE LTD

05 JUL 2024
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

SKETCH PLAN #2

Describe Circumstance of the Accident

DATE OF ACCIDENT: 5/7/24 TIME OF ACCIDENT: 1310HRS

VEH A: SLL 9149R VEH B: FBS 5488U VEH C:

Please refer to Police Report

Declaration

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

5/7/24

Policyholder's Signature / Date & Time

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

05 JUL 2024

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2

SINGAPORE POLICE FORCE

T/20240705/7074

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20240705/7074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
05/07/2024 15:29	F/20240705/0092	

Informant's Particulars

Name of Informant: Sim Wee Lim			Address: 996B Buangkok Crescent #13-895 SINGAPORE 532996
ID Type / ID No.: NRIC NO / S8129908J			Contact No.: Home/Office: Mobile: 90670129
Nationality: SINGAPORE CITIZEN			Email: weelimsim@gmail.com
Sex: Male	Age: 42	Date of Birth: 22/09/1981	Type of Informant: Driver
Race: Chinese			Language: English
Occupation: Electrical engineer			Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/07/2024 13:10	Type of Location: T-Junction

Location:
HOUGANG STREET 51

Weather: Sunny	Road Surface: Dry	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS5488U	Motorcycle			White	Slightly Damaged	0
SLL9149R	Motor car	HONDA	SHUTTLE 1.5G CVT	White		0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective Date	Expiry Date
SLL9149R	ECICS LIMITED	MPC24A0055201	15/03/2024	14/03/2025

SINGAPORE POLICE FORCE

T/20240705/7074

Report No: T/20240705/7074

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Sim Wee Lim	ID No.	S8129908J
Related Vehicle	SLL9149R (Motor car)	Contact No.	90670129
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

Brief Details.

Accident occurred along Hougang st 51 outside of MSCP no. HGHG70, next to hougang green shopping centre. I was turning right to the opposite side of the road from the HDB gantry near MSCP no. HGHG70. A motorcyclist which was heading straight collided to the front right-hand side of my vehicle as I was making the right turn. I was travelling at a speed of 10-15km/h. The rider sustained injuries and was conveyed to the hospital via an ambulance. The police were contacted immediately at about 1313H. Rider was conveyed to the hospital conscious and alert. We took photos of the accident, and the traffic police took the SD card from my dash cam.

SINGAPORE POLICE FORCE

T/20240705/7074

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20240705/7074

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2024 15:29
Officer In Charge Of Case: TP / TPIB / Ahmad Syafiq Bin Harris Contact No.: 65476201	Classification Of Case:

NP168