

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: | 05/07/2024 |
| Policy No: | MPC24A00055201 | Date of Loss: | |
| Vehicle Reg. No.: | SLL9149R | Driveable? | UNKNOWN |
| Driver Age/Info: | | Party At Fault: | YES |
| TP Injury Involved? | NO | Third Party Involved? | |
| Insured/Claimant: | SIM WEE LIM | | |
| Make/Model: | HONDA SHUTTLE, 1.5 (A) | Vehicle Reg. Date: | 15/03/2017 |
| Vehicle Colour: | WHITE | Chassis No: | GK81100054 |
| Engine No: | L15B5000055 | | |
| 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 (\$\$) | 10,601.50 |
| + GST 9.00% (\$\$) | 954.14 |
| Nett Amount (\$\$) | 11,555.64 |

This claim is handled by: ADMIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

AIR DETAILS

reference

t Source:

(Last Synchronised: 08 Jul 2024)

Parts: N/A

HONDA SHUTTLE 1.5 (A) (Model not available in database)

Labour: Repairer's

(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 / <i>OP</i> | 0.00 | 0.00 | *480.00 F / |
| 2 | 2 | | *FRONT BONNET HINGE <i>x nn</i> | 0.00 | 0.00 | *44.00 F |
| 3 | 1 | | *FRONT HEADLAMP RH <i>cut</i> | 0.00 | 0.00 | *1,250.00 F / |
| 4 | 1 | | *FRONT HEADLAMP LOWER BRACKET RH <i>? x nn</i> | 0.00 | 0.00 | *28.00 F |
| 5 | 1 | | *FRONT BUMPER <i>GR</i> | 0.00 | 0.00 | *480.00 F / |
| 6 | 1 | | *FRONT BUMPER SIDE RETAINER RH <i>GR</i> | 0.00 | 0.00 | *6.00 F |
| 7 | 1 | | *FRONT BUMPER LOWER GRILLE <i>x nn</i> | 0.00 | 0.00 | *55.00 F |
| 8 | 1 | | *FRONT FOGLAMP GARNISH RH <i>x nn</i> | 0.00 | 0.00 | *20.00 F |
| 9 | 1 | | *FRONT FENDER RH <i>OP</i> | 0.00 | 0.00 | *120.00 F |
| 10 | 1 | | *FRONT FENDER INNER SHIELD RH <i>CRH</i> | 0.00 | 0.00 | *80.00 F |
| 11 | 1 | | *FRONT REINFORMCENT BAR <i>x nn</i> | 0.00 | 0.00 | *170.00 F |
| 12 | 1 | | *FRONT SHOCK ABSORBER RH <i>/ BT</i> | 0.00 | 0.00 | *200.00 F / |
| 13 | 1 | | *FRONT KUNCKLE ARM RH <i>/ BT</i> | 0.00 | 0.00 | *180.00 F |
| 14 | 1 | | *FRONT LOWER ARM RH <i>/ BT</i> | 0.00 | 0.00 | *110.00 F |
| 15 | 1 | | *FRONT WHEEL BEARING RH <i>/ Jammed</i> | 0.00 | 0.00 | *85.00 F |
| 16 | 1 | | *FRONT WHEEL BEARING HUB RH <i>/ BT</i> | 0.00 | 0.00 | *75.00 F |
| 17 | 1 | | *FRONT RAEK END RH <i>x nn</i> | 0.00 | 0.00 | *55.00 F |
| 18 | 1 | | *FRONT TIE ROD END RH <i>x nn</i> | 0.00 | 0.00 | *35.00 F |
| 19 | 1 | | *FRONT TRIANGLE GLASS RH <i>GR</i> | 0.00 | 0.00 | *330.00 F |
| 20 | 1 | | *FRONT TRIANGLE GLASS MOULDING RH <i>/ Nec</i> | 0.00 | 0.00 | *50.00 F |
| 21 | 1 | | *FRONT WINDSCREEN <i>GR</i> | 0.00 | 0.00 | *800.00 F |
| 22 | 1 | | *FRONT WINDSCREEN MOULDING <i>GR</i> | 0.00 | 0.00 | *60.00 F |
| 23 | 1 | | *FRONT WINDSCRREN WIPER GARNISH RH <i>x nn</i> | 0.00 | 0.00 | *12.00 F |
| 24 | 1 | | *FRONT DOOR RH <i>x R</i> | 0.00 | 0.00 | *380.00 F |
| 25 | 2 | | *FRONT DOOR HINGE RH <i>x nn</i> | 0.00 | 0.00 | *60.00 F |
| 26 | 1 | | *FRONT SPORT RIM RH <i>cut (non-galvanised)</i> Local repair | 0.00 | 0.00 | *100 nett / 800.00 F |
| Sub Total (\$\$) | | | | | | 5,965.00 |
| + Margin on L,N Items 10.00% (\$\$) | | | | | | 596.50 |
| Total Parts (\$\$) | | | | | | 6,561.50 |

F=Franchise part.

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

Estimates on Miscellaneous Items

| No | Particulars | Amount |
|----------------------------|--------------------------------------|-----------|
| Miscellaneous Items | | |
| 1 | FRONT BUMPER CLIPS / PR | 30 50.00 |
| 2 | FRONT FENDER INNER SHIELD CLIPS / PR | 20 100.00 |
| 3 | SEALANT (Workman) / PR | 60 320.00 |
| 4 | TYRE - TP (80% of 100%) | 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, 5.19pm

OD- Nm AIL
Exam - ?

P/P

M Bel sy

to 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 | 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

| | |
|---|------------|
| 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 |

SKETCH PLAN

VEH A: SLL 9149R
VEH B: FBS 5482U
VEH C:

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.

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

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

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

Sketch Plan



Describe Circumstance of the Accident

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

VEH A: SLL 9149R VEH B: FBS 54894 VEH C:

Please refer to Police Report

Declaration

(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

 5 JUL 2024
Witnessed By Reporting Centre Personnel
(Name as in FNIC/CDL card)



**SINGAPORE
POLICE FORCE**



T/20240705/7074

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

1 of 3

Report No. T/20240705/7074

REPORT OF A TRAFFIC ACCIDENT

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

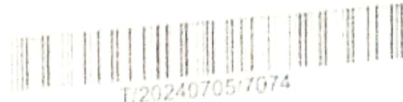
| | | | | | | |
|------------------------------------|------------|-------|---------------------|-------|---------------------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBS5488U | Motorcycle | | | White | 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 | MPC24AC0055201 | 15/03/2024 | 14/03/2025 | |



**SINGAPORE
POLICE FORCE**

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



T/20240705/7074

2 of 3

Report No. T/20240705/7074

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

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



T/20240705/7074

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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 / TP1B / Ahmad Syafiq Bin Harris Contact No.: 65476201 | Classification Of Case: |

NP168