





## Estimate Report

**Main Office :** No. 22, Jalan Kilang, Singapore 159419  
Tel: 6476 3333 Fax: 6271 5891

**Service Centre :** Block 100B, Bukit Merah Lane 3,  
#01-04/06/08/115, Singapore 159722  
Tel: (65) 6476 3333 (8 Lines) Fax: (65) 6270 8314  
www.mova.com.sg  
GST Reg. No: M2-0088864-2

**Mova Spray Centre**  
2K Oven Spray Painting System

**Power-M Automotive Pte Ltd**  
Specialise In Car Air-con Services,  
Car Audio & Hi-Fi System.

**Hilton Car Rental Centre**  
**Hilton Auto Trading**

Dealing In New/Used Cars, Hire Purchase & Insurance.



**TP INSURER:**  
**UNKNOWN**

**India International Insurance Pte Ltd (HQ)**

Singapore

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	12/03/2021
Vehicle Reg. No.:	SLD5175H	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	NISSAN QASHQAI, 1.2 DIG-T CVT ABS 2WD 5DR (A)	Vehicle Reg. Date:	20/06/2016
Vehicle Colour:	BROWN	Chassis No:	SJNFEAJ11U1653194
Engine No:	HRA2274550A		
Odometer:	0 KM		
Paint Type:		Nett Item Discount:	10.00 %
List Item Discount:	30.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	6		
Present Location:	MOVA AUTOMOTIVE PTE LTD (BUKIT MERAH)		

**COST OF CLAIMS**

	Amount
Parts	11,530.60
Miscellaneous Items	11.00
Labour	2,720.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>14,261.60</b>
<b>+ GST 7.00% (S\$)</b>	<b>998.31</b>
<b>Nett Amount (S\$)</b>	<b>15,259.91</b>

This claim is handled by: JACELYN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

## AIR DETAILS

## Reference

Source: MRM-SG Version: 1.0 (Last Synchronised: 15 Mar 2021)  
 Parts: M1-SUV NISSAN QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR (A) (Catalogue Merimen Singapore 1.0)  
 Labour: Repairer's (Price-denominated Standard List)  
 Print Code: (Unsubmitted, no print-code for SLD5175H)  
 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		*BONNET / <i>DD</i>	10.00	0.00	*981.00 FN
2	2		*BONNET HINGE LH & RH <i>X</i>	10.00	0.00	*130.00 FN
3	1		*BONNET SEAL <i>X</i>	10.00	0.00	*89.00 FN
4	1		*BONNET LOCK <i>X</i>	10.00	0.00	*79.00 FN
5	2		*HEADLAMP LH & RH <i>OR</i>	10.00	0.00	*1,290.00 FN
6	1		*FRONT GRILLE <i>?</i>	10.00	0.00	*498.00 FN
7	1		*FRONT BUMPER <i>CUT / TN</i>	10.00	0.00	*681.00 FN
8	1		*FRONT NUMBER PLATE <i>X</i>	0	0.00	*40.00 FS
9	10		*FRONT BUMPER CLIPS <i>APC</i>	10.00	0.00	*40.00 FN
10	2		*FRONT BUMPER SIDE RETAINER LH & RH <i>OR</i>	10.00	0.00	*48.00 FN
11	1		*FRONT BUMPER REINFORCEMENT <i>X</i>	10.00	0.00	*373.00 FN
12	<i>2</i> 1		*FRONT FENDER RH & LH <i>(RH) DD (LH) R</i>	10.00	0.00	*1,256.00 FN
13	<i>2</i> 1		*FRONT FENDER ARCH GARNISH LH & RH <i>(RH) CRU MIS</i>	10.00	0.00	*966.00 FN
14	1		*FRONT FENDER COWLING RH <i>CRU</i>	10.00	0.00	*98.00 FN
15	10		*FRONT FENDER COWLING CLIPS <i>APC</i>	10.00	0.00	*40.00 FN
16	1		*FRONT FENDER END TRIM RH <i>OR</i>	10.00	0.00	*48.00 FN
17	1		*FRONT DOOR RH <i>DD</i>	10.00	0.00	*1,105.00 FN
18	1		*FRONT DOOR PROTECTIVE MOULDING RH <i>X</i>	10.00	0.00	*323.00 FN
19	2		*FRONT DOOR HINGE RH UPPER & LOWER <i>X</i>	10.00	0.00	*144.00 FN
20	1		*WIPER TANK RH <i>X</i>	10.00	0.00	*165.00 FN
21	1		*A-PILLAR RH - REPAIR <i>X</i>	10.00	0.00	-
22	1		*FRONT WHEEL RIM RH <i>CUT</i>	0	0.00	*1,682.00 FS
23	1		*FRONT TYRE - 215/60R17 <i>X</i>	0	0.00	*350.00 FS
24	1		*FRONT WHEEL BEARING RH <i>?</i>	0	0.00	*330.00 FS
25	1		*FRONT KNUCKLE RH <i>?</i>	0	0.00	*545.00 FS
26	1		*FRONT SHOCK ABSORBER RH <i>?</i>	0	0.00	*548.00 FS
27	1		*TIE ROD END RH <i>X</i>	0	0.00	*121.00 FS
28	1		*FRONT LOWER ARM RH <i>X</i>	10.00	0.00	*245.00 FN
29	1		*FRONT BUMPER SPONGE <i>X</i>	10.00	0.00	*195.00 FN

F=Franchise part, S=SpclNett, N=NettItemDisc.

Sub Total (\$\$)	12,410.00
- Nett Item Discount on N Items (\$\$)	879.40
<b>Total Parts (\$\$)</b>	<b>11,530.60</b>

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

# Estimate Report

## Estimates on Miscellaneous Items

Qty	Particulars	Amount
1	OD/TP Case (Insurer)	11.00
Sub Total (\$\$)		11.00

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	TO INSPECT FRONT LIGHTING MECHANISM & CHECK WIRING	New 30	80.00
2	TO REPAIR ON FRONT SUPPORT PANEL & A-PILLAR RH. TO REMOVE & REPLACE DAMAGED ITEMS, REALIGN CONNECTION	New 700	800.00
3	TO TRANSFER ITEMS INTO NEW DOOR	New 50	150.00
4	TO RUST PROOF ON REPAIRED AREAS	New 30	80.00
5	TO SPRAY PAINT ON REPAIRED AREAS	New 1000	1,200.00
6	TO REMOVE & REPLACE FRONT UNDER CARRIAGE DAMAGED ITEMS	New 280	280.00
7	TO CHECK WHEEL ALIGNMENT	New 60	80.00
8	TO INSTALL TYRE & CHECK BALANCING	New 20	50.00
Gross Labour Cost (\$\$)			2,720.00

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

< END OF ESTIMATES >

Steve (LKK) with AL

16/3/21, 11:49am

L/S

My BL Spj

7 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:

SN07213C000G-01 / NTUC Income Insurance Co-operative Ltd  
ENTRY DATE & TIME: 12/03/2021 18:09 (SGT)  
SUBMITTED BY: Lim Puay Kiat, Ignatius  
VERSION: 2 (12/03/2021 18:19 (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 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. 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 Submission	12/03/2021 18:09 (SGT)
Date of Accident	12/03/2021 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG KING'S ROAD
Country/State of Loss	Singapore

### YOUR OWN VEHICLE

Vehicle Registration Number	SLD5175H
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MEAGAN MAUREEN DA SILVA
Work Permit No	G3076719K
Email Address	DASILVA.MEAGAN@GMAIL.COM
Mobile Phone No	(Phone) +65-81354732
Alternative Phone No	+65-81354732

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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?	No - Claiming third party
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113867856-01
Cover Note Number	-

### DRIVER

Name of Driver	MEAGAN MAUREEN DA SILVA
Work Permit No	G3076719K
Date Of Birth	20/07/1987
Occupation	Indoor

Date Of Driving Pass	20/11/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81354732
Alt. Phone Number	+65-81354732
Email Address	DASHI VA MI AGAN@GMAIL.COM
Address	92 NAMLY AVE
Address complement	-
Postcode	S267661
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	DONNA
Gender	Female

#### PASSENGER 2

Name	TANJA
Gender	Female

#### PASSENGER 3

Name	ADRIANNA
Gender	Female

#### 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

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY

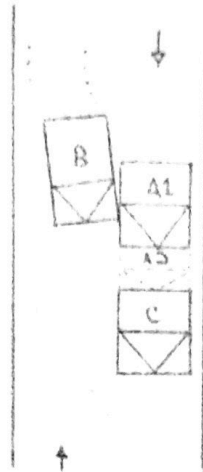
Vehicle Registration Number	ER35X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	CHARIS
Address	(Phone) +65-96233022
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2:

Vehicle Registration Number	PC7561X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LIU XIU LI
Work Permit No	G0750473Q
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SKETCH PLAN



A: 8LD5175H  
B: PC1561X  
C: ER35X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 21/03/2021 I was traveling along  
Kings road. I slowed down and came to a  
complete stop behind ER35X as we were intending  
to make a turn. Subsequently, PC1561X attempted  
to overtake on my right, traveling against the  
flow of traffic and ended onto my vehicle.  
The impact caused my vehicle to surge and  
I came into light contact with ER35X. Additionally,  
the impact of the collision from the bus (PC1561X) pulled my  
vehicle to the right over the lane marking.

DECLARATION

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

\*

Policyholder's Signature  
Date & Time: 21/03/2021  
1030

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

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/IN No: 65534652A



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 Authorised 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. 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 lodgment 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time 7/03/2021

(03)

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name: *RENEE LIA*

NRIC/PIN No.: S0234652A