

ASS. REC. BY:

REF: 1051

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD 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:

04

days

Res.: Yes or No

Lum Sum:

1-B.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLV44916 Yr Regn: 12, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Subaru Forester c.c. 1995

Colour

M. Gray

A/C: Insured / Std / NI / NA

Sp. Reading

89927

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JF1ST5K25TG101885

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

225/60R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

10/3/21

D.O.I.

17/3/2021

Survey held at

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

1st N/S

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

Date / Time

Action / Instruction

17/3

Wcop said no 2nd part, request for 1.B.1

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

F - RS

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

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



# 明輝汽車服務私人有限公司

## BH AUTO SERVICES PTE LTD

INSURER:

ECICS Limited (HQ)

**PARTICULARS OF CLAIM**

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	MPC20P00215300	Date of Loss:	10/03/2021
Vehicle Reg. No.:	SLV4491G	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	CHITRA DEVI D/O KASIVISWANATHAN		

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Make/Model:	SUBARU FORESTER, 2.0 I (A)	Vehicle Reg. Date:	29/12/2017
Vehicle Colour:	BROWN		
Engine No:	FB20YB72715	Chassis No:	JF1SJ5KC5JG101685
Odometer:	89442 KM		

*Not Notified*  
*Return B & paint*

Paint Type:	
Total Loss?	NO
Est. Duration of Repair (day)	4 ✓

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Present Location:	BH AUTO SERVICES PTE LTD (SIN MING)
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COST OF CLAIMS	Amount
Parts	3,405.60
Miscellaneous Items	0.00
Labour	1,200.00
Paintwork Labour	1,730.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>6,335.60</b>
<b>+ GST 7.00% (S\$)</b>	<b>443.49</b>
<b>Nett Amount (S\$)</b>	<b>6,779.09</b>

This claim is handled by: MOO WEN ZHENG

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



3/16/2021

## REPAIR DETAILS

## Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 16 Mar 2021)

Parts: M1-SUV

SUBARU FORESTER 2.0 i (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's

(Price-denominated Standard List)

Print Code: BH Auto Services Pte Ltd/SLV4491G/16/03/2021 12:05

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	0.00	0.00	BH *600.00 F
2	10		Bumper clip, front	0.00	0.00	M *20.00 F
3	1		Bumper reinforcement, front	0.00	0.00	*200.00 F
4	1		Headlamp LH	0.00	0.00	BH *1,700.00 F
5	1		Headlamp panel LH	0.00	0.00	R *38.00 F
6	1		*Front bumper side retainer LH	0.00	0.00	CM *15.00 F
7	1		*Front bumper sponge	0.00	0.00	*125.00 F
8	1		*Head lamp washer cover LH	0.00	0.00	M/I *58.00 F
9	1		*Head lamp washer motor LH	0.00	0.00	*150.00 F
10	1		*Head lamp washer nozzle LH	0.00	0.00	*85.00 F
11	1		*Front fender shield LH	0.00	0.00	*85.00 F
12	10		*Front fender shield clips	0.00	0.00	*20.00 F

F=Franchise part.

Sub Total (S\$)

3,096.00

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

309.60

Total Parts (S\$)

3,405.60

BH Auto Services Pte Ltd/SLV4491G/16/03/2021 12:05. Not valid without Reference section.  
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# ates on Miscellaneous Items

no new miscellaneous items selected.

Repairer Estimates

SB0H  
ENTY  
SU  
VF

## estimates on Labour

No Particulars

		Lab.Type	Amount
<b>Paintwork Labour</b>			
1	Provide skill and labour to remove all damaged parts, panel beat, cut and well if necessary and align all panel and reinstall all damaged parts	New	600 1,200.00
2	Provide skill and labour to disconnect and check electrical wiring	New	20 80.00
3	Provide skill and labour to check and readjust wheel alignment	New	na 150.00 X
4	Provide skill and labour to uninstall and replace new bonnet	New	300 300.00 X
<b>Labour Items</b>			
5	Provide skill and labour to putty all damaged parts & panel to respray with 2k paint with oven spray booth facilities (Type comment here)	New	800 1,200.00

Gross Labour Cost (S\$) 2,930.00

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< 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 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. 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	11/03/2021 15:44 (SGT)
Date of Accident	10/03/2021 18:20 (SGT)
Exact Location of Accident	Yishun Ave 8, Singapore
Additional Location Information	Before Junction of Yishun Avenue 8 & 9
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4491G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHITRA DEVI D/O KASIVISWANATHAN
NRIC No	SXXXX562Z
Email Address	CHITRADEVI2170@GMAIL.COM
Mobile Phone No	(Phone) +65-81117744
Alternative Phone No	+65-97702465

#### VEHICLE PARTICULARS

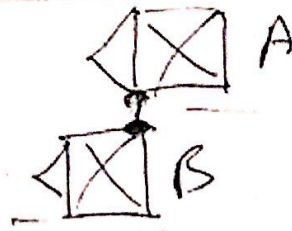
Manufacturer	Subaru
Model	Forester
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	ECICS
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MPC20P00215300
Cover Note Number	-

#### DRIVER

Name of Driver	CHITRA DEVI D/O KASIVISWANATHAN
NRIC No	SXXXX562Z
Date Of Birth	02/01/1970
Occupation	Indoor



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was switching from lane 1 to the middle lane near the junction of Yishun Ave 8 & 9 and did not notice the oncoming lorry on my left side, and this incident occurred with my car hitting onto the rear bar of the trailer truck.

DECLARATION

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

*K. Chutai*

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/ID No: