REF: CTI/ CTI003805/Kq

Kenneth

CS/CTI21003805/Kqd3 **ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Chay Hoe

of _____

Insured: _____

Policy No. DMCVSNA00092502001

Claims No. SNM21D201650C02

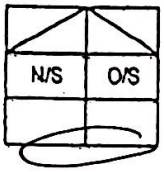
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 09 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 12/23 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJM 2951E Yr Regn: 12, 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or SA

Make: Hyundai Avante c.c 1591

Colour M. D. Blue A/C: Insured / Std / NI / NA

Sp.Reading 295852 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHDU41BR.94857965

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 185/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm

D.O.A. 22/3/21 D.O.I. 24/3/2021

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	
	25/03/21@4.44pm revised to Jenny Lew via Merimen.
	Kenneth confirmed LS $4300, 9 days (Red $1849, 30%)

Date/Time, File Pass to? 1) 09/06 Typist

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 9

Resurvey No. of Trip: 2

Survey Fee:

Transportation: ___ $ - RS. ___ SI

Parking

Others

TOTAL

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : MER-TP

Lump Sum / ~~T.B.I.~~ ($ 4300)

SJM2951E
TP/CHINA

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 24 Mar 2021)
Parts:	143	HYUNDAI AVANTE 1.6 HD (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SJM2951E)	
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		*1 PC REAR BUMPER	By	0.00	0.00	*210.00 F	✓
2	1		*1 PC REAR BUMPER REINFORCEMENT	By	0.00	0.00	*130.00 F	✓
3	1		*1 PC REAR BUMPER SPONGE	CM	0.00	0.00	*65.00 F	✓
4	1		*3 PCS REAR BUMPER RETAINER BEAMS @15/PC		0.00	0.00	*45.00 F	?
5	1		*6 PCS REAR BUMPER CLIPS @2/PC	Ne	0.00	0.00	*12.00 F	✓
6	1		*2 PCS TAILLAMPS @125/PC	Cay	0.00	0.00	*250.00 F	✓
7	1		*1 PC REAR BOOT	By	0.00	0.00	*350.00 F	✓
8	1		*1 PC REAR BOOT LOGO	Ne	0.00	0.00	*12.00 F	✓
9	1		*1 PC REAR BOOT EMBLEM (AVANTE)	Ne	0.00	0.00	*20.00 F	✓
10	1		*1 PC REAR BOOT INNER LOCK	Dis	0.00	0.00	*70.00 F	✓
11	1		*1 PC REAR BOOT INNER RUBBER	Dis/Re	0.00	0.00	*42.00 F	✓
12	1		*1 PC REAR BOOT INNER SPONGE	Return	0.00	0.00	*120.00 F	✓
13	1		*1 PC REAR CENTRE PANEL	By	0.00	0.00	*150.00 F	✓
14	1		*1 PC REAR CENTRE PANEL INNER TOP GARNISH	Dis	0.00	0.00	*25.00 F	✓
15	1		*2 PCS REAR BOOT REFLECTORS @85/PC	CM	0.00	0.00	*170.00 F	✓
16	1		*2 PCS REAR BOOT HINGES @50/PC	By	0.00	0.00	*100.00 F	✓
17	1		*1 PC REAR LH FENDER	Ben	0.00	0.00	*580.00 F	✓
18	1		*1 PC REAR LH FENDER INNER GARNISH	Return	0.00	0.00	*105.00 F	✓
19	1		*1 PC REAR LH FENDER TRIANGLE GLASS MOULDING	Ne	0.00	0.00	*180.00 F	✓
20	1		*1 PC REAR RH FENDER INNER GARNISH		0.00	0.00	*105.00 F	?
21	1		*1 PC REAR SPARE TYRE COMPARTMENT	N	0.00	0.00	*340.00 F	?
22	1		*1 PC REAR SPARE TYRE TOP BOARD	Sec	0.00	0.00	*128.00 F	X
23	1		*1 PC REAR WINDSCREEN GLASS MOULDING	Ne	0.00	0.00	*20.00 F	✓

F=Franchise part.

Total Parts (S$) **3,229.00**

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

Not Authorised
L/Sup &
Recovery After Paint
9 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 [illegible] surveyed and is subject to final [illegible] Insurance Company

Acknowledged by
Signature:
Date:

Estimates on Miscellaneous Items

No	Qty	Particulars		Amount
Miscellaneous Items				
1	1	**1 PC REAR LH FENDER GLASS GUM**	Nil	30.00
2	1	**1 PC REAR WINDSCREEN GLASS GUM**	Nil	40.00
3	1	**1 SET REVERSE SENSOR**	Short	200.00
			Sub Total (S$)	**270.00**

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	**REMOVE & REFIX REAR WINDSCREEN GLASS**	New	100.00
2	**REMOVE & REFIX REAR LH FENDER GLASS**	New	60.00
3	**PANEL BEATING**	New	1,300.00
4	**REMOVE & REFIX SEAT,CARPET,GARNISH,TOP ROOF LINING,ETC**	New	100.00
5	**PUTTY & RESPRAY ON REAR BOTH FENDERS,REAR BOOT,HINGES,REAR PANEL,REAR SPARE TYRE COMPARTMENT,BUMPER**	New	1,000.00
6	**RUSTPROOFING**	New	90.00
		Gross Labour Cost (S$)	**2,650.00**

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

< END OF ESTIMATES >

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 witholding 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	23/03/2021 15:24 (SGT)
Date of Accident	22/03/2021 19:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP RD FROM WOODLANDS AVE 8 TO ADMIRALTY RD WEST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2951E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ANGIEABUY ENTERPRISE
Company Reg No	5XXXX220J
Email Address	pva988@yahoo.com
Mobile Phone No	(Phone) +65-96479322
Alternative Phone No	+65-96479322

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	HD AVANTE 1.6 A
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1591

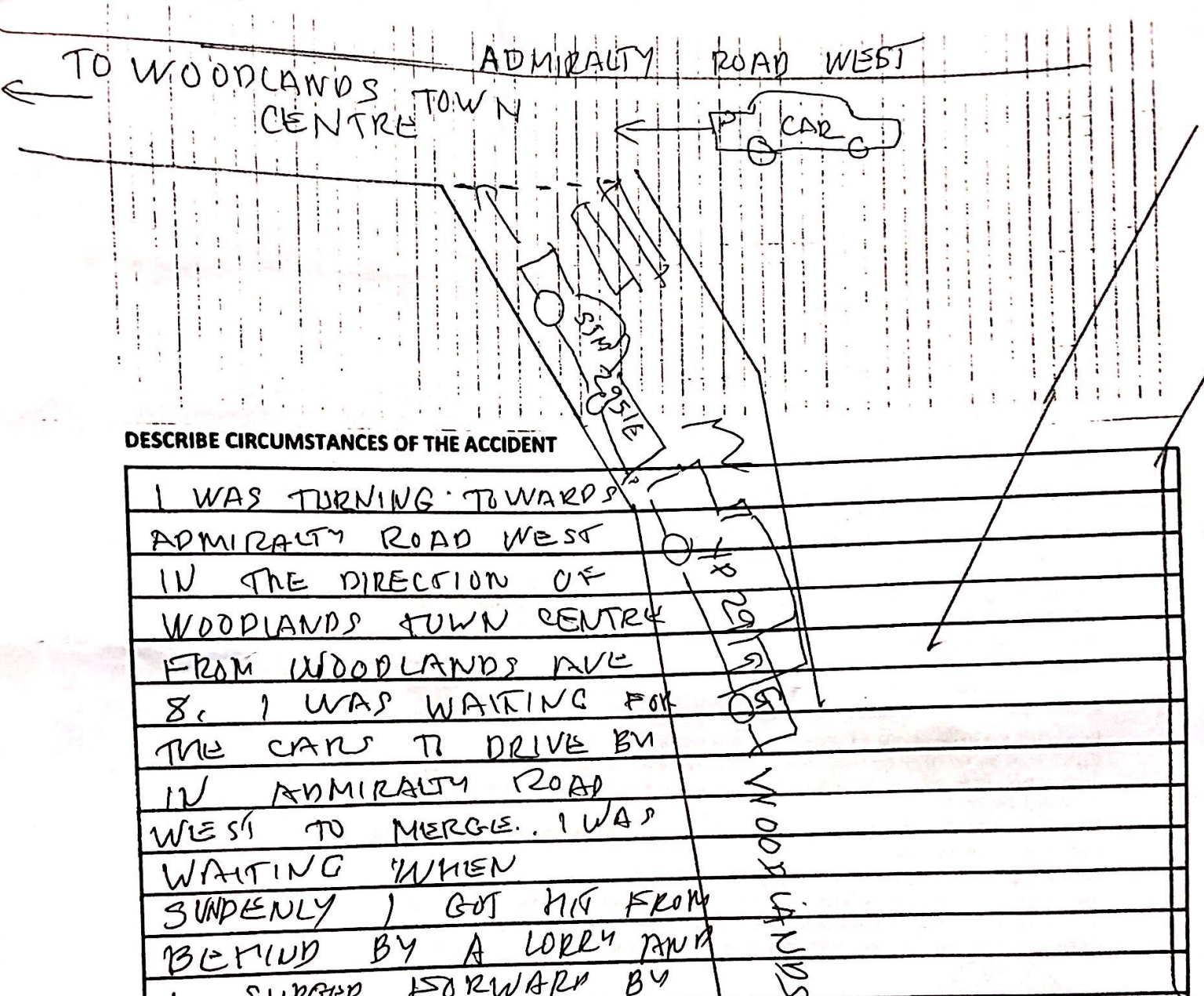
INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5096499978-03
Cover Note Number	29/12/20-28/12/21

DRIVER

Name of Driver	PRIMO VINCENT ILAGAN ABUY
NRIC No	SXXXX789C

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TURNING TOWARDS ADMIRALTY ROAD WEST IN THE DIRECTION OF WOODLANDS TOWN CENTRE FROM WOODLANDS AVE 8. I WAS WAITING FOR THE CARS TO DRIVE BY IN ADMIRALTY ROAD WEST TO MERGE. I WAS WAITING WHEN SUDDENLY I GOT HIT FROM BEHIND BY A LORRY AND I SURGED FORWARD BY AROUND 2 METERS BECAUSE OF THE IMPACT. I WENT DOWN AND EXCHANGE PARTICULARS WITH THE OTHER DRIVER.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

ANGIEABUY ENTERPRISE UEN 53360...

Policyholder's Signature

Date & Time:

23 MAR 21

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

23/3/21

Reporting Centre Personnel's Signature (CWL)
Name: Eureka
NRIC/FIN No.:

( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only
( ) Claim OD/TP at other workshop (_____)