

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Ricardo

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

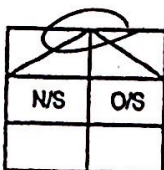
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \$105k

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 13.1 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SMV 3584 Mr Regn: 04, 18  
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer orMake: Toy Hanie c.c. 1998Colour: M. P. White A/C: Insured / Std / NI / NASp. Reading: 61730 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTEZB3G1180J001904Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: 235/55R18

R: \_\_\_\_\_

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 8 mm R/Bal. 7 mmL/Bal. 8 mm L/Bal. 7 mmD.O.A. 13/7/21 D.O.I. 15/7/2021

Survey held at \_\_\_\_\_

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Report Format :

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

Ricardo Auto Centre Pte Ltd (Co.Reg.No:198102182M)  
160 Sin Ming Drive, #02-02, Sin Ming AutoCity  
Singapore 575722  
Tel: 64752112 Fax: 64754666 Email: grace@ricardo.com.sg

ECICS Limited (HQ)

INSURER:

PARTICULARS OF CLAIM

Claim Type:	OD (Own Damage)	Ref. No:	
Policy No:	MPC21B00005800	Date of Loss:	13/07/2021
Vehicle Reg. No.:	SMV3594M	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	TAN BENG JIN BENJAMIN	Contact No:	+6598177134
Make/Model:	TOYOTA HARRIER, 2.0 M GRADE (A)	Vehicle Reg. Date:	30/04/2018
Vehicle Colour:	White/Pearl	Chassis No:	JTEZB3GH80J001904
Engine No:	8ARZ117565		
Odometer:	62000 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	5-4 days		
Present Location:	RICARDO AUTO CENTRE PTE LTD (HQ)		

15/7/21 1030am NOT AUTHORIZED  
Penny BY PAM

COST OF CLAIMS	Amount
Parts	4,636.50
Miscellaneous Items	45.00
Labour	2,230.00
Paintwork Labour	0.00
Towing	0.00
Calculated Gross Total (S\$)	6,911.50
- Excess (S\$)	500.00
(S\$)	6,411.50
+ GST 7.00% (S\$)	448.81
Nett Amount (S\$)	6,860.31

This claim is handled by: GRACE TAN KIAN ANN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

# REPAIR DETAILS

## Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 14 Jul 2021)

Parts: M1-SUV TOYOTA HARRIER 2.0 M GRADE (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: Ricardo Auto Centre Pte Ltd/SMV3594M/14/07/2021 12:54

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 BUMPER	CMA 0.00	0.00	*260.00 F	✓
2	1		*FRONT BUMPER SPONGE	0.00	0.00	*45.00 F	?
3	1		*FRONT BUMPER REINFORCEMENT	0.00	0.00	*130.00 F	?
4	2		*FRONT BUMPER RETAINER LH & RH	DY 0.00	0.00	*70.00 F	✓
5	1		*FRONT BUMPER RETAINER LOWER GRILLE	CMA 0.00	0.00	*180.00 F	✓
6	10		*FRONT BUMPER CLIPS	Me 0.00	0.00	*25.00 F	✓
7	1		*FRONT BUMPER CLIMATE SENSOR RH	0.00	0.00	*150.00 F	?
8	1		*FRONT BUMPER CLIMATE COVER RH	0.00	0.00	*20.00 F	?
9	1		*FRONT FENDER LH	Bu 0.00	0.00	*280.00 F	✓
10	1		*HEADLAMP LH	Mj CMA 0.00	0.00	*1,980.00 F	✓
11	1		*FRONT SUPPORT PANEL	R 0.00	0.00	*295.00 F	X
12	1		*FRONT APRON PANEL	0.00	0.00	*95.00 F	?
13	1		*FRONT BUMPER LID	DY/CMA 0.00	0.00	*120.00 F	✓
14	1		*AIRCON CONDENSER	0.00	0.00	*550.00 F	?
15	10		*RADIATOR TOP COVER CLIPS	Me 0.00	0.00	*15.00 F	✓

F=Franchise part.

Sub Total (\$\$) 4,215.00  
+ Margin on L,N Items 10.00% (\$\$) 421.50

Total Parts (\$\$) 4,636.50

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**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:

# Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	SUPPLY & REPLACE FRONT NUMBER PLATE WITH HOLDER	45.00
Sub Total (S\$)			45.00

# Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	TO CUT, WELD & STRAIGHTEN FRONT PORTION OF CAR CAUSED BY ACCIDENT. ADJUST & REPLACE DAMAGE PARTS.	New	900.00
2	TO FOCUS HEADLAMP	New	30.00
3	TO CHECK AIRCON SYSTEM, REMOVE & REPLACE AIRCON CONDENSER, RECHARGE SYSTEM.	New	120.00
4	TO SPRAY PAINT REPAIRED AREAS.	New	1,000.00
5	TO RE-PROGRAM CLIMATE SENSOR SYSTEM	New	180.00
Gross Labour Cost (S\$)			2,230.00

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< 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 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 ..... 13/07/2021 17:48 (SGT)  
Date of Accident ..... 13/07/2021 12:10 (SGT)  
Exact Location of Accident ..... Thomson Rd, Singapore  
Additional Location Information ..... NEAR FAR EAST FLORA @ THOMSON  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMV3594M

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN BENG JIN BENJAMIN  
NRIC No ..... SXXXX391E  
Email Address ..... bentanbj@gmail.com  
Mobile Phone No ..... (Phone) +65-98177134  
Alternative Phone No 1 ..... +65-98177134  
Alternative Phone No 2 ..... (Office) +65-98177134

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Harrier  
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 ..... 1998

#### INSURANCE COMPANY

Name of Insurance Company ..... ECICS Limited  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MPC21B00005800  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TAN BENG JIN BENJAMIN

## 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 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.

BuJa 13 JUL 21  
Policyholder's Signature / Date & Time

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

[Signature]  
Witnessed by Reporting Centre Personnel



### Sketch Plan

A: SMV 3594M

B: SHA 7568H

