

ASS. REC. BY: Steve

C.S./ICS 21098303/ETF3

SJG9064B

ASSIGNMENT

From: _____ Date: _____

Veh No: SJG 9063B Yr Regn: 19/7/08

Estimated Cost: _____
OD/TP/WS/TP RES / OD RES / EVA / INV / MV

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

To inspect Vehicle No: _____
at Workshop m/s _____

Make: Honda Stream c.c. 1799

of _____
Insured: _____

Colour: Pink A/C: Insured / Std / NI / N
Sp. Reading: 202875 T/Radio: Insured / Std / NI / N

Policy No. _____
Claims No. _____

Eng/No: _____
C/No: JHM RN 68785 294308

Sum Insured: _____ Excess: 0

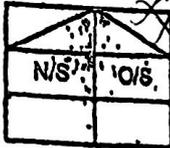
Gen. Cond: Good / Fair / Poor / Burnt

(Client's Record)
Make of Veh: _____

Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

Mod: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: _____



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

Bal. or Market Value: _____

Front R/Bal. 4 mm Rear R/Bal. 4 mm
L/Bal. 4 mm U/Bal. 4 mm

IDAC Accident Report: _____ Consistent? : Yes or No
SIA / PR Seer: _____ Consistent? : Yes or No

D.O.A. 5/8/21 O.O.I. 6/8/21

Est. Repairs: _____ days Res.: Yes or No
Cum Sum: _____ % 3 Val.: Yes or No

Survey held at Accord Auto

CA / REV / REP. / 24 HRS

Des. of Damages: Front Rear O/S N/S UIC / Rooftop or
From RH

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

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>NIV-41R</u>
	<u>lump sum \$4650/-, 8days.</u>
	<u>(red: 8171;; 63%)</u>

Prell. Report Final Report

Days Of Repair: 8

Resurvey No. of Trips: _____

Add Fee: Site Insp (\$) Interview (\$) Tech. Inve (\$) Weekend (\$)

Survey Fee: _____
Transportation: _____
S + RS: _____
Photo: _____
Other: _____
TOTAL: _____

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:	
Policy No:	MPC21P00082300	Date of Loss:	05/08/2021
Vehicle Reg. No.:	SJG9064B	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	SYED MUHAMMAD FARID BIN SYED YUSOF SHAH	Contact No:	+6594757053
Make/Model:	HONDA STREAM, 1.8 L (A)	Vehicle Reg. Date:	19/07/2008
Vehicle Colour:	Black	Chassis No:	JHMRN68408S204308
Engine No:	R18A12804307		
Odometer:	200825 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		9,581.00
Miscellaneous Items		140.00
Labour		1,900.00
Paintwork Labour		1,200.00
Towing		0.00
Gross Total (\$)		12,821.00
+ GST 7.00% (\$)		897.47
Nett Amount (\$)		13,718.47

This claim is handled by: LAI YEAN KUAN

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REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 06 Aug 2021)
 Parts: M1-MPV HONDA STREAM 1.8 L (A) (Catalogue Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: Accord Auto Services Pte Ltd/SJG9064B/06/08/2021 14:29
 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 WINDSCREEN X	0.00	0.00	*900.00 F
2	1		*FRONT WINDSCREEN MOULDING X	0.00	0.00	*40.00 F
3	1		*FRONT BONNET / DD	0.00	0.00	*450.00 F
4	1		*FRONT BONNET INSULATOR / CRV	0.00	0.00	*120.00 F
5	1		*FRONT BONNET LOCK ?	0.00	0.00	*80.00 F
6	2		*FRONT BONNET HINGE / BT ?	0.00	0.00	*110.00 F
7	2		*FRONT BONNET STOPPER ?	0.00	0.00	*16.00 F
8	1		*FRONT BONNET STAND ?	0.00	0.00	*18.00 F
9	1		*FRONT BONNET STAND CLIP ?	0.00	0.00	*5.00 F
10	1		*FRONT BONNET RUBBER/SEAL ?	0.00	0.00	*80.00 F
11	1		*FRONT GRILLE BASE / BR	0.00	0.00	*130.00 F
12	1		*FRONT GRILLE CHROME / CAT	0.00	0.00	*160.00 F
13	1		*FRONT GRILLE LOGO / ALL	0.00	0.00	*30.00 F
14	1		*FRONT LOWER GRILLE ?	0.00	0.00	*80.00 F
15	1		*FRONT BUMPER / BR	0.00	0.00	*360.00 F
16	2		*FRONT BUMPER SIDE RETAINER / BR	0.00	0.00	*40.00 F
17	2		*FRONT BUMPER FOGLAMP GARNISH	0.00	0.00	*170.00 F
18	1		*FRONT REINFORCEMENT BAR X	0.00	0.00	*180.00 F
19	1		*FRONT SUPPORT PANEL ?	0.00	0.00	*320.00 F
20	1		*FRONT SUPPORT TOP COVER/GARNISH ?	0.00	0.00	*85.00 F
21	1		*FRONT RH HEADLAMP / BR	0.00	0.00	*620.00 F
22	1		*FRONT RH HEADLAMP TOP PANEL / DD	0.00	0.00	*65.00 F
23	1		*FRONT RH HEADLAMP LOWER BRACKET / BR	0.00	0.00	*28.00 F
24	1		*FRONT RH FENDER / DD	0.00	0.00	*350.00 F
25	1		*FRONT RH FENDER SIGNAL LIGHT ?	0.00	0.00	*28.00 F
26	1		*FRONT RH FENDER SHIELD ?	0.00	0.00	*70.00 F
27	1		*FRONT RH FENDER INNER PANEL TOP ?	0.00	0.00	*500.00 F
28	1		*FRONT RH FENDER INNER PANEL CENTRE ?	0.00	0.00	*320.00 F
29	1		*FRONT RH ABSORBER WHEEL HUB ?	0.00	0.00	*580.00 F
30	1		*ENGINE MOUNTING SET ?	0.00	0.00	*450.00 F
31	1		*WASHER TANK, NECK & CAP / CRV	0.00	0.00	*85.00 F
32	1		*AIRCON CPNDENSER ?	0.00	0.00	*520.00 F
33	1		*AIRCON CPNDENSER DISCHARGE PIPE / BT	0.00	0.00	*280.00 F
34	1		*RADIATOR ?	0.00	0.00	*600.00 F
35	2		*RADIATOR TOP STOPPER ?	0.00	0.00	*20.00 F
36	1		*RADIATOR FAN COWLING ASSY ?	0.00	0.00	*250.00 F
37	1		*RADIATOR TOP HOSE ?	0.00	0.00	*90.00 F
38	2		*RADIATOR LOWER STOPPER ?	0.00	0.00	*20.00 F
39	1		*RADIATOR LOWER STOPPER ALTERNATOR ?	0.00	0.00	*400.00 F
40	1		*BELTING ?	0.00	0.00	*60.00 F

F=Franchise part.

Sub Total (\$\$)	8,710.00
+ Margin on L,N Items 10.00% (\$\$)	871.00
Total Parts (\$\$)	9,581.00

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	FRONT BUMPER, FRONT BONNET INSULATOR, FRONT FENDER SHIELD & UNDER BUMPER/ENGINE COVER CLIPS <i>APC 50/</i>	100.00
2	1	WINDSCREEN SEALANT	40.00
Sub Total (S\$)			140.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Paintwork Labour			
1	Spray Painting to All Affected Areas	New	1,200.00 <i>1000</i>
Labour Items			
2	Labour Remove / Refix Accident Damages parts to knock , Jack, cut weld and realign accident affected area	New	1,000.00 <i>900</i>
3	Check Wiring System & Light	New	80.00 <i>30</i>
4	To Check & Adjust Wheel Aligment	New	80.00 <i>X</i>
5	To Remove/Refix Front Rh UnderCarriage To Facilities Repair	New	180.00 <i>X</i>
6	To Adjust Front Main Chassis	New	280.00 <i>?</i>
7	To Remove / Refix Air-con Condensor & Radiator (Top up Gas, Pipe & Etc...)	New	180.00 <i>X</i>
8	To Remove/Replace Windscreen	New	100.00 <i>X</i>
Gross Labour Cost (S\$)			3,100.00

Accord Auto Services Pte Ltd/SJG9064B/06/08/2021 14:29. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

*Steve (LKK)
6/8/21, 4.09pm*

*OD-M AL
EXCESS-?*

L/S

M AL sy

8 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:

SA1K21850001 / ACCORD AUTO SERVICES PTE LTD(159723)
ENTRY DATE & TIME: 05/08/2021 14:52 (SGT)
SUBMITTED BY: LAI YEAN KUAN
VERSION: 1 (05/08/2021 14:52 (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 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 05/08/2021 14:52 (SGT)
Date of Accident 05/08/2021 10:40 (SGT)
Exact Location of Accident Near Blk 431, Singapore
Additional Location Information AYE EXIT CLEMENTI AVE 6(SLIP/FILTER LANE)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG9064B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SYED MUHAMMAD FARID BIN SYED YUSOF SHAH
NRIC No SXXXX176B
Email Address syedfarid@hotmail.com
Mobile Phone No (Phone) +65-94757053
Alternative Phone No +65-94757053

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
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 1799

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MPC21P00082300
Cover Note Number -

DRIVER

Name of Driver SYED MUHAMMAD FARID BIN SYED YUSOF SHAH
NRIC No SXXXX176B

Date Of Birth 09/02/1989
 Occupation Indoor
 Date Of Driving Pass 14/01/2014
 Driving experience 7 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-94757053
 Alt. Phone Number +65-94757053
 Email Address syedfarid@hotmail.com
 Address BLK 140 TAMPINES ST 12 #05-454
 Address complement -
 Postcode 520140
 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 - Head to Rear
 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? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

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

ON 5.8.2021 AT 10:40AM.I WAS DRIVING MY PERSONAL CAR AND WAS EXITING AYE CLEMENTI AVE 6.WHILE I WAS EXITING THERE'S A LORRY IN FRONT OF ME EXITING TOO. THE DRIVER OF THE LORRY ALREADY MOVE FORWARD BUT HE STOP AND MY CAR HIT THE BACK OF LORRY.

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 GX5998D
 Vehicle Manufacturer Toyota
 Vehicle Model Dyna
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver SHANMUGAM UDHAYAKUMAR
 Work Permit No 0XXXX8468

Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

(Phone) +65-83229205

- *
- *
- *
- *
- *
- *

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/o. 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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

[Signature]

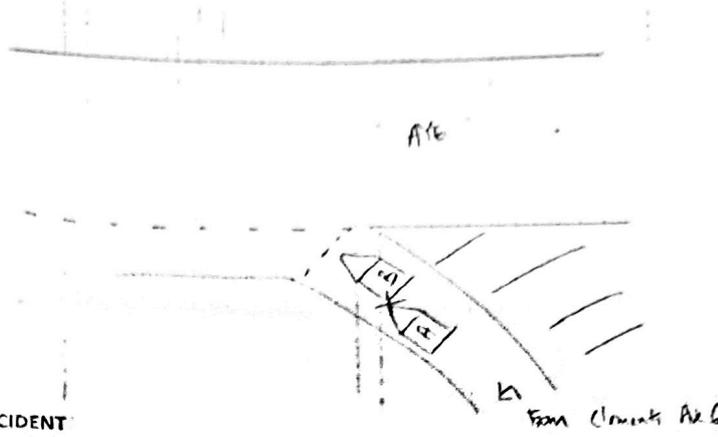
Policyholder's Signature
Date & Time: 05/08/2021
1306hrs

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



Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

SKETCH PLAN
Veh A: STG 9064B
Veh B: GX 5198D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/08/2021 at 1040am. I was driving my personal car and was exiting AYE Clementi Avenue 6. While I was exiting, there's a lorry in front of me exiting too. The driver of the lorry already move forward but he stop and my car hit the back of lorry.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 05/08/2021
 1300hrs

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



Reporting Centre Personnel's Signature
 Name: (Cia Lai)
 NRIC/FIN No.: