

ASS. REQ. BY: Steve

CS/CT/2101/587/43 Epy3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OR (P/L) (P/R) (P/B) (P/S) (P/V) (P/W) (P/X)
 To inspect Vehicle No: _____
 of Workshop no: _____
 Insured: _____
 Policy No: _____
 Claims No: SNM21D206515/C02
 Sum Insured: _____
 (Client's Record)
 Make of Vehicle: _____

(Policy Condition)
 Remarks: The vehicle commenced its
 repair at the time of inspection.



Rep. or Motor Vehicle: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 SIA / PR Seq: _____ Consistent? Yes or No
 Est. Repair: 5 days Rep. Yes or No
 Cum Sum: _____ % 3 Vol: Yes or No
 QA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Date / Time: _____ Action / Instruction

MP-68K

23/11/21 @ 5.19pm revised to Tan Kah Leong via Merimen.

We will be advising our Principal a cost of repair of \$5270.01 (P/P before GST) -
 with 5 days of repair, subject to their approval. (Red \$3965.09, 43%)

Veh No: SL4 2556Y Yt Regn: 28/11/17
 Type: (M.C.) / M.Cycle / Bus / Van / Lorry / Light / Prime Mover /
 Truck / Trailer or
 Make: Suzuki XV 1690
 Colour: Silver A/C: Insured / Stolen /
 Sp. Reading: 14773 Y/Radio: Insured / Stolen /
 Eng/No: _____
 ONNo: JFJGT3KC538024326
 Gen. Cond: Good / Fair / Poor / Bught
 Steering: Inter / Jammed / Locked / Burnt or
 Brake: Inter / Jammed / Locked / Burnt or
 Model: M11 / S/Rim / STD A/Rim or
 Tyre Size: P1 225/60R17
 RI: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ R/Rail: 5 mm R/Rail: 5 mm
 U/Rail: 5 mm U/Rail: 5 mm
 D.O.A. 11/11/21 Motor Image
 Survey held at _____
 Des. of Damages: Front / Rear / O/S / H/S / U/C / Rollover or
 The U/C / U/C / U/C frame / Body structure affected due to collision

28/01 Typist ☐ Prel. Report
☐ Final Report

Days Of Repair: 5
 Resurvey No. of Trips: 2

Add Fee: ☐ Site Insp (\$ _____)
☐ Interview (\$ _____)
☐ Tech. Inve (\$ _____)
☐ Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 S & P: _____
 Fuel: _____
 Other: _____
 TOTAL: _____

Merimen Form: MER-TP
5270.01



19 Lorong 8 Toa Payoh
Singapore 319255



ESTIMATE / QUOTATION COST OF ACCIDENT REPAIR

REG NO: SLU2556Y	MODEL : SUBARU XV 1.6I-S AWD CVT
REF NO:	YEAR: 28-NOV-2017
ENGINE NO: FB16YB77134	CHASSIS NO: JF1GT3KC5JG024326
DOA: 11/11/2021	TOA: 1510HRS
TYPE OF CLAIM: 3 RD PARTY	INS COMPANY:

S/N	NATURE OF JOB	AMOUNT
1.	TO REPLACE REAR BUMPER, BUMPER BEAM, TAILGATE. 560 x 2	\$1740 1120
2.	TO RESPRAY REAR BUMPER, BUMPER BEAM, TAILGATE 420 x 2	\$1470 840
3.	TRANSFER TAILGATE INNER TRIMS & MECHANISM (500)	\$150 /
4.	REMOVE & REPLACE REAR WINDSCREEN	\$300 /
5.	TO INSTALL REAR WINDSCREEN SOLAR FILM (540, 900)	\$145 /
6.	TO INSTALL REVERSE SENSOR -2 EYES	\$300 180
7.	FAULT DIAGNOSTIC (RESET)	\$280 x
8.	TO CONDUCT REAR LIGHTING TEST	\$150 /
9.	TO CONDUCT REAR PROTECTANT COATING	\$500 x
10.	TO CONDUCT REAR ANTI RUST COATING	\$580 x
11.	SUNDRIES	\$100 29
Total Labour		\$5715

DATE APPROVAL:	Steve (LKK) 15/11/21, 12.30pm
TIME APPROVAL:	5 days
SURVEY BY:	P/P
HP / EMAIL:	
BEFORE PAINT:	By Bly
DAYS GIVEN:	

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:

Estimate

Date 11 / 12 / 2021

001 / 002

Name	SLU2556Y	Tel (Home)	
Address		Tel (Office)	
E-Mail		Tel (Portable)	
		Fax	
		Model Name	G24
		Body Model	GT3BKGC
		Vin-Code	JF1GT3KC5JG024326

Part Number	Part Code Name	Part Code	Q'ty	Price
60809FL0009P	PANEL-REAR GATE / 00	FIG-620 60810	1	940.00
63019FL030	GLASS-REAR GATE / n/c (photo)	FIG-621 63011	1	1,062.00
65245FL000	DAM RUBBER-REAR GATE GLASS / n/c	FIG-621 63232C	1	18.00
57711FL0419P	BACK BEAM COMPLETE-REAR / DT	FIG-591 57711D	1	202.90
57704FL250	BUMPER-FACE, REAR / BR	FIG-591 57704A	1	414.00
57707FL510	BRACKET-REAR BUMPER, LOWER / ?	FIG-591 57707H	2	25.20
909140062	CLIP-2PIECE D7 / n/c	FIG-591 W140062	2	5.80
91111FL010NN	GARNISH ASSEMBLY-REAR GATE, B / ?	FIG-914 91111P	1	216.00
91713FL000	PROTECTOR-REAR GARNISH / ?	FIG-914 91713	1	7.20
91713FL010	PROTECTOR-REAR GARNISH / ?	FIG-914 91713C	1	3.60
91713FL040	PROTECTOR-REAR GARNISH B / ?	FIG-914 91713B	1	3.60
91713FL020	PROTECTOR-REAR GARNISH / ?	FIG-914 91713D	1	3.60
91174SA181	ORNAMENT / ?	FIG-915 93033D	1	68.40
84912FL041	LENS & BODY-REAR COMBINATION L AMP RIGHT / ?	FIG-842 84912B	1	378.00
93079FL140	LETTER MARK-REAR / n/c	FIG-919 93073Y	1	36.00
93079FL100	LETTER MARK-REAR / n/c	FIG-919 93073Y	1	90.00
Page-Total				3,474.30

Memo

Grand Total
3,520.10

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Tel

SLU2556Y13400

Estimate

Date 11 / 12 / 2021

002 / 002

Name	SLU2556Y	Tel (Home)	
Address		Tel (Office)	
E-Mail		Tel (Portable)	
		Fax	
		Model Name	G24
		Body Model	GT3BKGC
		Vin-Code	JF1GT3KC5JG024326

Part Number	Part Code Name	Part Code	Q'ty	Price
57707FL460	BRACKET-REAR BUMPER CORNER, RIG HT	FIG-591 57707AC	1	21.60
57707FL400	BRACKET-REAR BUMPER SIDE, RIGHT	FIG-591 57707H	1	12.10
57707FL410	BRACKET-REAR BUMPER SIDE, LEFT	FIG-591 57707I	1	12.10
		Page-Total		45.80
		Sub-Total		3,520.10
		Total		3,520.10
		Tax		0.00
		Grand Total		3,520.10

Memo

Grand Total
3,520.10

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Tel

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	12/11/2021 13:11 (SGT)
Date of Accident	11/11/2021 15:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2556Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOCK YIN PI
NRIC No	S1601340D
Email Address	PAULA1888@YAHOO.COM
Mobile Phone No	(Phone) +65-81266089
Alternative Phone No	+65-81266089

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Xv
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5104840632-02
Cover Note Number	-

DRIVER

Name of Driver	LOCK POH KUAN
NRIC No	S0121624D

Date Of Birth	28/11/1938
Occupation	Indoor
Date Of Driving Pass	16/01/1961
Driving experience	60 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96576538
Alt. Phone Number	-
Email Address	PAULA1888@YAHOO.COM
Address	15 FABER PARK
Address complement	-
Postcode	129105
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HO THI XUAN
Gender	Female

PASSENGER 2

Name	LOCK YIN PI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND 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 1

Vehicle Registration Number	GBH9124B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KHIU CHUAM SENG
NRIC No	S1609066B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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)

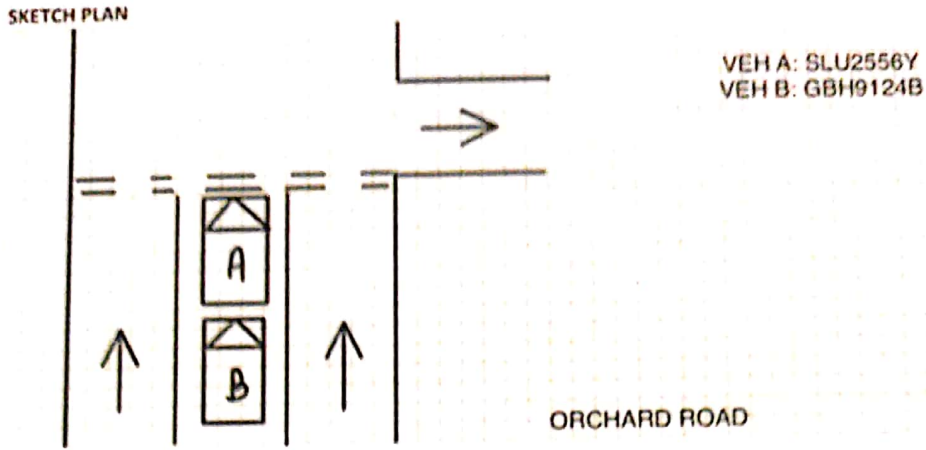
I understand, acknowledge, agree and consent that:

- (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

Driver's Signature
(if driver is not the policyholder)
Date & Time: 12/11/2021 1315HRS

Reporting Centre Personnel's Signature
Name: SUFIYAN
NRIC/FIN No.: S992991



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS REPORT

DECLARATION

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

Policyholder's Signature
Date & Time

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 12/11/2021 1315HRS

Reporting Centre Personnel's Signature
Name: SUFIYAN
NRIC/FIN No.: S992991