ASS. REC. BY: | REF: 1051 CS/ICS21012512/Kvf3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Accord

of _____

Insured: _____

Policy No. MPC21B00013100

Claims No. DMPC2100426H/CT

Sum Insured: _____ Excess: 750

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $ 47k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 06/12 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGH 8008B Yr Regn: 08/06

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

Make: Lexus IS250 c.c 2500

Colour m-Black A/C: Insured / Std / NI / NA

Sp.Reading 229950 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTHBK262102021742

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: 225/45R17

R: _____

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	5 mm
L/Bal.	4 mm	L/Bal.	5 mm
D.O.A.	6/12/21	D.O.I.	10/12/2021

Survey held at ✓

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

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

Date / Time	Action / Instruction
10/12	Unable to locate 2nd parts yet, maybe I.B.I
31/12/21	Kenneth confirmed $2625.90 (Red 3286.25, 55%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 31/12/21-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: ___ $ x RS ___ SI

Parking

Others

TOTAL

Report Format : Merimen

Lump Sum / I.B.I: ($ 2625.90

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:	MPC21B00013100	Date of Loss:	06/12/2021
Vehicle Reg. No.:	**SGH8008B**	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	Chai Chian Wee		
Driver:	Chai Chian Wee		
Make/Model:	LEXUS IS250, 2.5 (A)	Vehicle Reg. Date:	25/08/2006
Vehicle Colour:	Black		
Engine No:	4GR0231900	Chassis No:	JHBK262102021742
Odometer:	229949 KM		
Paint Type:			
Total Loss?	**NO**		
Est. Duration of Repair (day):	~~6~~ 4days		
Present Location:	ACCORD AUTO SERVICES PTE LTD (HQ)		

Not Authorised
1.B.11, ~~[illegible]~~ & BQ
Many ~~After~~ Pairs
~~Ex 875d~~

COST OF CLAIMS

COST OF CLAIMS	Amount
Parts	3,972.15
Miscellaneous Items	80.00
Labour	1,860.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**5,912.15**
+ GST 7.00% (S$)	413.85
Nett Amount (S$)	**6,326.00**

This claim is handled by: GOH JACQUELINE

*Generated using **Merimen e-Claims Internet Estimation & Adjusting System***

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 08 Dec 2021)
Parts:	143	LEXUS IS250 2.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	**Accord Auto Services Pte Ltd/SGH8008B/08/12/2021 19:00**	
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 BONNET	0.00	0.00	*800.00 F
2	1		*FRONT BUMPER	0.00	0.00	*280.00 F
3	1		*FRONT BUMPERT SIDE RETAINER LH & RH	0.00	0.00	*80.00 F
4	1		*FRONT BUMPER TOP RUBBER	0.00	0.00	*38.00 F
5	1		*FRONT GRILLE	0.00	0.00	*130.00 F
6	1		*FRONT GRILLE EMBLEM	0.00	0.00	*40.00 F
7	1		*FRONT NUMBER PLATE GARNISH	0.00	0.00	*50.00 F
8	1		*FRONT BUMPER LOWER GRILLE	0.00	0.00	*45.00 F
9	1		*FRONT RH FOGLAMP	0.00	0.00	*155.00 F
10	1		*FRONT RH FOGLAMP SIDE COVER	0.00	0.00	*80.00 F
11	1		*FRONT RH HEADLAMP	0.00	0.00	*400.00 F
12	1		*FRONT RH HEADLAMP TOP BRACKET	0.00	0.00	*90.00 F
13	1		*FRONT RH HEADLAMP LOWER BRACKET	0.00	0.00	*60.00 F
14	1		*FRONT RH FENDER SHIELD	0.00	0.00	*175.00 F
15	1		*FRONT RH FENDER	0.00	0.00	*320.00 F
16	1		*FRONT REINFORCEMENT BAR	0.00	0.00	*210.00 F
17	1		*FRONT RH REINFORCEMENT ARM	0.00	0.00	*130.00 F
18	1		*FRONT BUMPER SPONGE	0.00	0.00	*55.00 F
19	1		*FRONT RADIATOR TOP GARNISH	0.00	0.00	*165.00 F
20	1		*FRONT SUPPORT PANEL	0.00	0.00	*480.00 F

F=Franchise part.

Sub Total (S$)	**3,783.00**
+ Margin on L,N Items 5.00% (S$)	189.15
Total Parts (S$)	**3,972.15**

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Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	FRONT BUMPER & RADIATOR TOP GARNISH CLIPS	50.00
2	1	FRONT FENDER SHIELD CLIPS	30.00
		Sub Total (S$)	**80.00**

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	SPRAY PAINTING ON ALL AFFECTED AREA	New	800.00
2	LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	New	800.00
3	TO CHECK WIRING SYSTEM & LIGHT	New	80.00
4	TO REMOVE/REFIX RADIATOR & AIRCON CONDENSOR FOR REPLACE SUPPORT PANEL (TOP UP AIRCON GAS, RADIATOR & ETC..)	New	180.00
		Gross Labour Cost (S$)	**1,860.00**

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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 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	06/12/2021 20:07 (SGT)
Date of Accident	06/12/2021 14:15 (SGT)
Exact Location of Accident	5068 Ang Mo Kio Ind Park 2, Singapore 569571
Additional Location Information	Along 5068 Ang Mo Kio Industrial Park 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH8008B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chai Chian Wee
NRIC No	SXXXX593F
Email Address	tennantchai@yahoo.com.sg
Mobile Phone No	(Phone) +65-96927394
Alternative Phone No	+65-96927394

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Is 250
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	2500

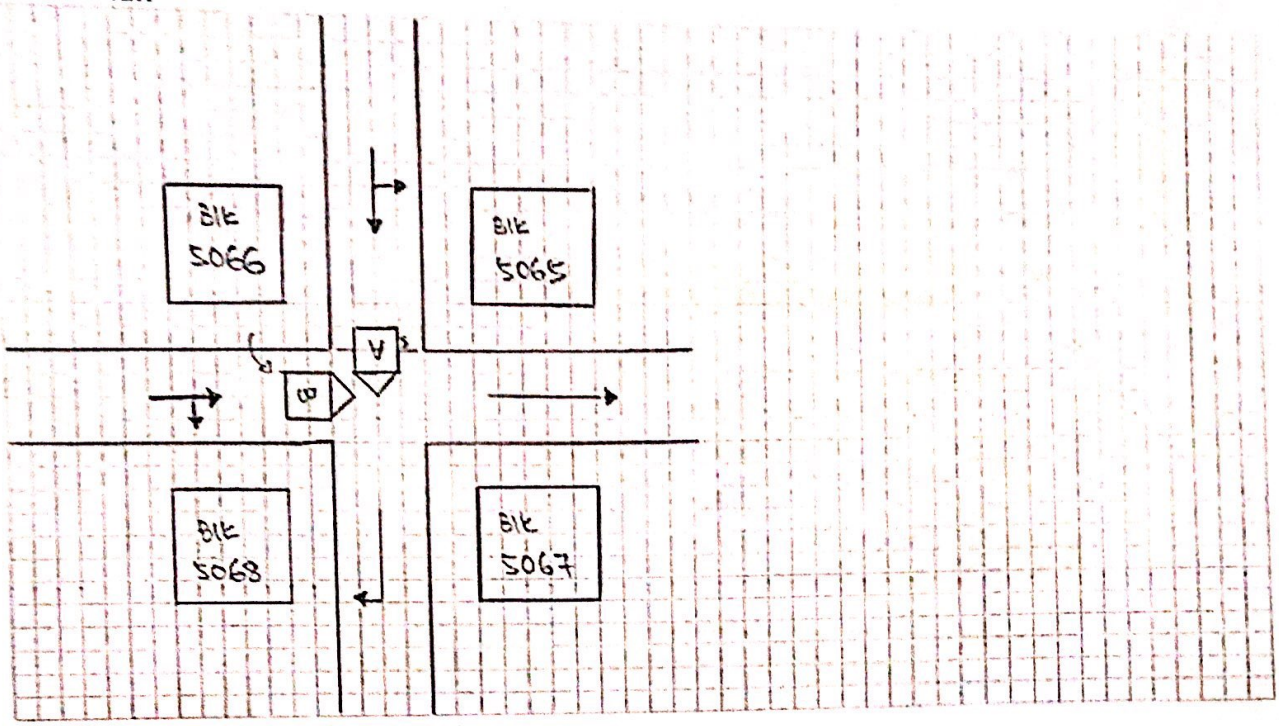
INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MPC21B0002200
Cover Note Number	-

DRIVER

Name of Driver	Chai Chian Wee
NRIC No	SXXXX593F

Sketch Plan



Describe Circumstances of the Accident

Location : Along 5063 Ang Mo Kio Ind Park 2

Date of Accident : 6/12/21 Time of Accident : 1415hrs

Vehicle A : SH8228B Vehicle B : GBA1101L Vehicle C :

As I drove out from the STOP line as a cross junction, the lorry from my right side of traffic, unfortunately did not slow down, thus hit on the right front side of my vechicle.
Both me & the driver did a preliminary assessment that nobody is injured, thus drove our vehicles to the side of road to take down each other particulars for our own reporting purpose.

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

06 Dec 2021
Policyholder's Signature / Date & Time

06 Dec 2021
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel