

ASS. REC. BY: Steve

REF: CS/HLA22000465/EVF3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. MP301419

Claims No. MPC03096/OD

Sum Insured: _____ Excess: 250

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bel. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKV72884 Yr Regn: 30/9/15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Ashgari c.c. 1197

Colour Brown A/C: Insured / Std / NI / NA

Sp. Reading 62184 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SINFEA31114721.88

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / SURIM / STD / VRIM or

Tyre Size: F: 215/60R17

R: 11

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

TOYO / YOKO or

Front 5 mm Rear 5 mm

R/Bal. 5 mm L/Bal. 5 mm

D.O.A. 11/1/22 D.O.I. 14/1/22

Survey held at Accord Auto

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

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

Date / Time	Action / Instruction
	<u>MV-44K</u>
16/2/22	LS \$2900 confirmed by email (Red 3185.50.52%)

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

1)

Date/Time, File Return to?

2) 16/2/22-typist

Report Format : Merimen

Lump Sum / I.B.I. (\$ 2900)

Days Of Repair: 5

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

INSURER: **HL Assurance Pte Ltd (HQ)**

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	MP301419	Date of Loss:	11/01/2022
Vehicle Reg. No.:	SKV7288U	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	LOW LAI LENG FLORENCE	Contact No:	+6590070006
Make/Model:	NISSAN QASHQAI, 1.2 DIG-T CVT ABS 2WD 5DR (A)	Vehicle Reg. Date:	30/09/2015
Vehicle Colour:	BROWN	Chassis No:	SJNFEAJ11U1472188
Engine No:	HRA2184222A		
Odometer:	62141 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	ACCORD AUTO SERVICES PTE LTD (HQ)		

COST OF CLAIMS	Amount
Parts	2,724.75
Miscellaneous Items	910.75
Labour	1,550.00
Paintwork Labour	900.00
Towing	0.00
Gross Total (S\$)	6,085.50
+ GST 7.00% (S\$)	425.99
Nett Amount (S\$)	6,511.49

This claim is handled by: LAI YEAN KUAN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

R DETAILS

Reference	Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 13 Jan 2022)
Parts:	M1-SUV	NISSAN QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	Accord Auto Services Pte Ltd/SKV7288U/13/01/2022 12:35	
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 RH FENDER X	0.00	0.00	*380.00 F
2	1		*FRONT RH FENDER WHEEL ARCH X	0.00	0.00	*220.00 F
3	1		*FRONT RH DOOR / DD	0.00	0.00	*600.00 F
4	1		*FRONT RH DOOR LOWER GARNISH / CVT / NK	0.00	0.00	*250.00 F
5	1		*FRONT RH DOOR STICKER(@SIDE PANEL) / NK	0.00	0.00	*40.00 F
6	1		*FRONT RH DOOR STICKER(@SIDE PANEL) / NK	0.00	0.00	*600.00 F
7	1		*REAR RH DOOR / DD	0.00	0.00	*220.00 F
8	1		*REAR RH DOOR LOWER GARNISH / CVT	0.00	0.00	*220.00 F
9	2		*REAR RH DOOR STICKER(@SIDE LH & RH) / NK	0.00	0.00	*65.00 F
9	1		*REAR RH FENDER WHEEL ARCH / CVT	0.00	0.00	*220.00 F
Sub Total (\$)						2,595.00
+ Margin on L,N Items 5.00% (\$)						129.75
Total Parts (\$)						2,724.75

F=Franchise part.

Accord Auto Services Pte Ltd/SKV7288U/13/01/2022 12:35. Not valid without Reference section.
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ates on Miscellaneous Items

Qty	Particulars	Amount
<u>Miscellaneous Items</u>		
1	1 DOOR INNER TRIM BOARD CLIPS / n/c	20 50.00
2	1 FRONT & REAR FENDER SHIELD CLIPS X	30.00
3	1 RIM To repair	100 600.00
4	1 TYRE X	230.75
Sub Total (\$\$)		910.75

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Paintwork Labour</u>			
1	SPRAY PAINTING TO ALL AFFECTED AREAS	New	600 900.00
<u>Labour Items</u>			
2	LABOUR CHARGE REMOVE/REFIX ACCIDENT DAMAGES PARTS TO KNOCK, JACK, CUT WELD & REALIGN AFFECTED AREA	New	600 1,000.00
3	ANTI RUST TREATMENT	New	30 100.00
4	TO CHECK & ADJUST WHEEL ALIGNMENT	New	60 100.00
5	TO REMOVE/REPLACE TYRE & RIM	New	20 50.00
6	TO REMOVE/REFIX/REPLACE FRONT & REAR LH DOOR INNER COMPARTMENT, WINDOW GLASS, MECHAMISM & ASSY TO NEW DOOR	New	100 300.00
Gross Labour Cost (\$\$)			2,450.00

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< END OF ESTIMATES >

Steve (LKK)
14/11/22, 10.39am

AD-MM
EXA 11-?
L/S

Ry My
5 45

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:

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 11/01/2022 17:07 (SGT)
Date of Accident 11/01/2022 10:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information ROBINSON ROAD TOWARD TELEGRAPH ST(NEXT TO HONG
LEONG BLDG)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV7288U

INSURED/POLICYHOLDER

Is company? No
Name of Registered Owner LOW LAI LENG FLORENCE
NRIC No SXXXX003B
Email Address flow13April@hotmail.com
Mobile Phone No (Phone) +65-90070006
Alternative Phone No +65-90070006

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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 1197

INSURANCE COMPANY

Name of Insurance Company HL Assurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MP301419
Cover Note Number -

DRIVER

Name of Driver LOW LAI LENG FLORENCE

NRIC No
 Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

SXXXX003B

13/04/1960

Indoor

07/08/1979

42 YEARS AND 5 MONTHS

Female

(Phone) +65-90070006

+65-90070006

flow13April@hotmail.com

BLK 83 REDHILL LANE #11-79

150083

Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Hit by fallen tree / Other objects

Clear

Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other vehicle or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No

1

No

-

No

1

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No

No

-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ACCIDENT SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

Yes

No

No

SKETCH PLAN

Veh A: 3KV 7288 U
Veh B: HIL

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:

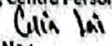
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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.


Policyholder's Signature
Date & Time: 11/1/22 2:45 PM

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

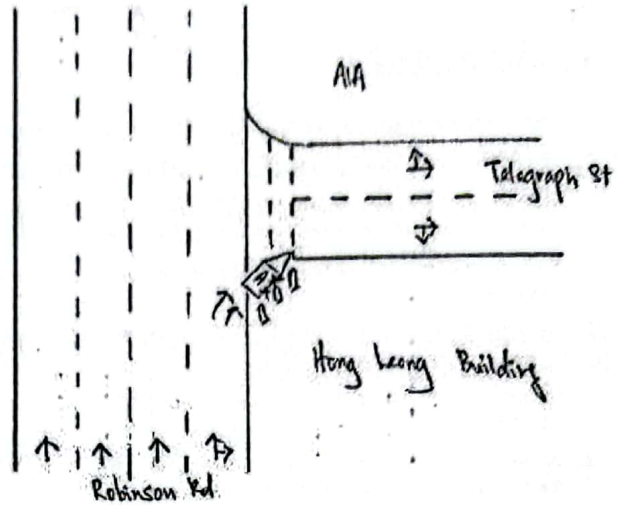


Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

Veh A: SW 7288U

Veh B: Nil



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning right into Telegraph St. I tried to miss a bike on my left and swerve towards my right causing my right side of the car to scratch through the stone blocks.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 11/11/22 3:45pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Celia Lai

NRIC/FIN No.: