

ASS. REC. BY:

REF:

C72/ 220016711ky

Kenneth

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.

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1-B-1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNA 60394 Yr Regn: 07, 21

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

Truck / Trailer or

A) Wagon

Make:

BMW 216i

c.c.

1499

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

10353

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WRA 2X 920 X 07H 96740

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

205/55R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

21/1/22

D.O.I.

28/2/2022

Survey held at

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

A/S Rca

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

Date / Time

Action / Instruction

24/12 8:58 AM

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

REPAIR DETAILS

Reference

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 24 Feb 2022)

Parts: 143 **BMW 216I 1.5 ACTIVE TOURER (A)** (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SNA6639Y)

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 *.

SNA6639Y
TP/china

Estimates on Parts

There are no new parts selected.

Report was unsubmitted during this print-out.
Generated using **Merimen e-Claims IEAS**

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	REMOVE & REFIX REAR BUMPER ASSY, REVERSE SENSORS, TO REPAIR AND REALIGN REAR BUMPER AND RESET REVERSE SENSOR	New	1801 360.00
2	PUTTY & RESPRAY ON REAR BUMPER, REAR BUMPER CENTRE PROTECTOR AND REAR LH FENDER	New	8001 500.00
Gross Labour Cost (\$\$)			860.00

Report was unsubmitted during this print-out.
Generated using **Merimen e-Claims IEAS**

< END OF ESTIMATES >

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:



CHRONOLOGICAL SUMMARY

PARTICULARS OF CLAIM

CHENG HEE MOTOR FIE LTD (YISHUN)

COST OF CLAIMS

	Amount
Parts	0.00
Miscellaneous Items	0.00
Labour	0.00
Paintwork Labour	660.00
Towing	0.00
	0.00
Gross Total (\$)	660.00
+ GST 7.00% (\$)	60.20
Nett Amount (\$)	720.20

This claim is handled by: SHARON CHONG PERS GROUP

This claim is handled by: SHARON CHONG BENG CHOON

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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 21/01/2022 18:27 (SGT)
Date of Accident 21/01/2022 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information 22 INGGU ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNA6639Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOO YUET MOY
NRIC No SXXXX010G
Email Address mays0074@gmail.com
Mobile Phone No (Phone) +65-97657087
Alternative Phone No +65-97657087

VEHICLE PARTICULARS

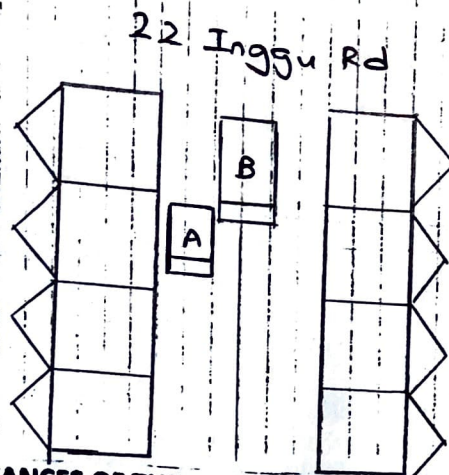
Manufacturer BMW
Model 216I ACTIVE TOURER
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1499

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5125421057
Cover Note Number 12/01/22 - 11/01/23

DRIVER

Name of Driver SOO YUET MOY
NRIC No SXXXX010G



A: SNA 6639Y
B: XE 6860J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: Ntuc

veh No: SNA6639Y

DOA: 21/1/22 8:30 am

My husband shouted to the driver to stop moving forward
to avoid collision however driver keep moving forward & hit
onto my parked vehicle (SNA 6639Y).

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
under your own comprehensive policy. Please check with your policy for more information.

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:

(YS) org 21/1/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()