ASS. REC. BY: Kenneth

REF: C12/22003578/Key3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Munich

of _____

Insured: _____

Policy No. _____

Claims No. SNM22D202636/C02

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 Rport: _____ Consistent? : Yes or No

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

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

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMK 4345D Yr Regn: 04 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) Wagon

Make: Renault Scenic c.c 1461

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 186494 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1RFA00X62476795

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: 195/55R20

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	7 mm
L/Bal.	9 mm	L/Bal.	7 mm
D.O.A.	17/4/22	D.O.I.	19/4/2022 ✓

Survey held at _____

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

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

Date / Time	Action / Instruction
/	
	22/04/22@1.58pm revised to Cecilia Lee via Merimen.
	Kenneth finalised LS $2800, 4 days. (Red $5162.37, 65%)

Date/Time, File Pass to? 24/05 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S / RS _____ SI

Faxes _____

Others _____

TOTAL _____

Report Format : MER-TP

Lump Sum ~~I.B.I.~~ ($ 2800)

Munich Autocare Pte Ltd

60 Jalan Lam Huat #02-02/03 Carros Centre Singapore 737869
Tel: +65 6255 2288 | Fax: +65 6265 5388
Company Reg. No.: 201832250M | GST Reg. No.: 201832250M

Not Authorised
Repair Begin
4days

ESTIMATION REPORT

Vehicle No : SMK4345S
Make & Model : RENAULT, GRAND SCENIC IV 1.5 DCI AT EU6,VF1RFA00X62476795
Year of Manufacture : 2019

Estimation No. : E22040012
Date : 19/04/2022

No.	Code	Description		Qty	U/P	Amt	
	Section: Parts						
1		260101271R FRONT HEADLAMP RH	Rm	1.00	1,071.00	1,071.00	✓
2		620347326R FRONT BUMPER SIDE BRACKET RH	RH	1.00	192.84	192.84	✓
3		622541628R FRONT BUMPER INNER BRACKET RH		1.00	192.84	192.84	?
4		269257264R FRONT HEADLAMP BRACKET		1.00	192.84	192.84	?
5		620223972R FRONT BUMPER	Rm	1.00	1,748.76	1,748.76	✓
6		253A49995R FRONT PARKING SENSOR RH		1.00	291.60	291.60	?
7		R284389618R FRONT BLIND SPORT SENSOR RH	Rm	1.00	457.92	457.92	X
8		261A24871R FRONT FOGLAMP MOULDING (CHROME)	CM	1.00	313.68	313.68	✓
9		261520089R FRONT FOGLAMP COVER	LH	1.00	313.68	313.68	✓
10		622540901R FRONT BUMPER LOWER LIP	Rm	1.00	517.21	517.21	X

10%

Amt S$ 5,292.37
Discount (0.00%) S$ 0.00
Subtotal S$ 5,292.37

No.	Code	Description	Qty	U/P	Amt	
	Section: Labour					
11		TO WELADING REALIGN FRONT BUMPER , FRONT FENDER RH , FRONT PARKING & BLIND SPORT SENSOR , AND ALL NECESSARY ETC	1.00	1,200.00	1,200.00	4od
12		TO REPLACE ALL SENSOR WIRE HARDNESS FOR POPER FUNTION INCLUDIN ADJUSTMENT OF HEADLAMP	1.00	120.00	120.00	2o
13		TUFF KOTE AND SPRAY ANTI PROOFING	1.00	150.00	150.00	X
14		TO RESPRAY FRONT ACCIDENT PORTION , BUMPER ,LOWER LIP , FENDER RH	1.00	1,200.00	1,200.00	44o

Amt S$ 2,670.00
Discount (0.00%) S$ 0.00
Subtotal S$ 2,670.00

Remarks:
CHINA TAIPING INSURANCE
DOA : 17.4.2022
TP Claim

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:

Parts Subtotal S$ 5,292.37

SM0822410002 / Munich Autocare Pte Ltd
ENTRY DATE & TIME: 18/04/2022 16:09 (SGT)
SUBMITTED BY: Angela Tan
VERSION: 1 (18/04/2022 16:09 (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	18/04/2022 16:09 (SGT)
Date of Accident	17/04/2022 16:20 (SGT)
Exact Location of Accident	Near 92A Woodleigh Park, Singapore 357876
Additional Location Information	ANG MO KIO STREET 31 (BLK 309B)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK4345S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIS MOTORING PTE LTD
Company Reg No	2XXXXX055D
Email Address	KEIFTAN@BISMOTORING.COM.SG
Mobile Phone No	(Phone) +65-86881311
Alternative Phone No	+65-86881311

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

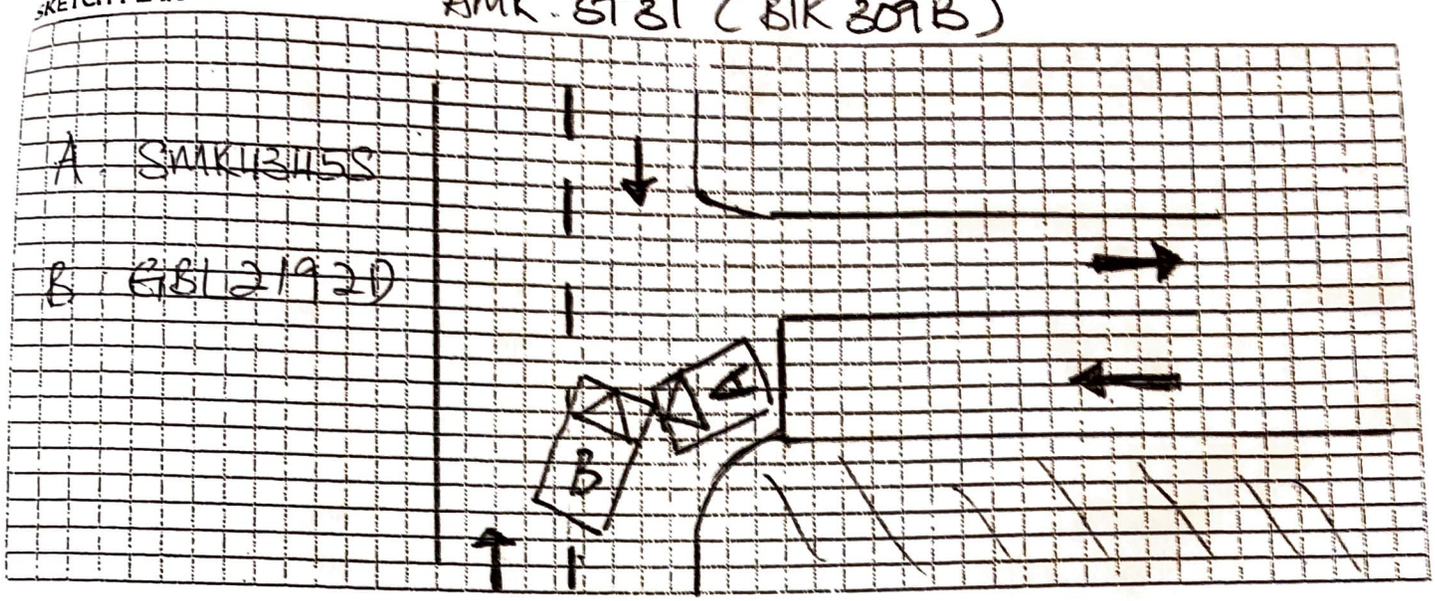
INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	MCF22A00000100
Cover Note Number	-

DRIVER

SKETCH PLAN

AMK. ST 31 (BIK 309B)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

31JA AMK ST 31.

ON 17/4/2022, I pick up a female Passager ② [redacted], TECK GHEE VISTA. AND I Drove near BIK 316A/309 And Stopped ④ the junction, Out of a Sudden a van GBL2192D Hit directly into my vehicle SMK4345D at about 1620HRS.

As the driver refuse to provide his Driving License or Contact NO.

As mention below, I got 2 witness to witness the accident.

Particular 1 : Michelle (Passager).
Contact : 8767 2547

Particular 2 : ALVIN - (the ~~car~~ car Owner behind the van)
Contact : 8200 8666.

DECLARATION

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

MUNICH AUTOCARE PTE LTD

Policyholder's Signature

Driver's Signature
(if driver is not the policyholder)

Reporting Centre Personnel's Signature
Name: