

ASS. REC. BY:

REF:

A/S/ 22005766/K4

C

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

QD / TP / WS / TP RES / QD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Vsh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01 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

Date / Time

Action / Instruction

20/6

512.00

Cost

RED: 3960.4;88%

Veh No:

SNE 8864D

Yr Regn:

04, 22

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

Truck / Trailer or

(A)

Wagon

Make:

BYD

E6

c.c

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

14499

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LC0CE40C2N0038854

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/55R17

R:

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

Front

R/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

15/6/22

Survey held at

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

Rear o/s door mirror

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

1

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) S + RS SI

) Extras

) Others

TOTAL


Report Format :

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

**Ding Auto Pte Ltd** (Co.Reg.No:201311788Z)176 Sin Ming Drive #04-06, Sin Ming Autocare  
Singapore 575721

Tel: 64521208 Fax: 64520614 Email: ding@dingauto.sg;kenneth.ding@dingauto.sg

**TP INSURER: Allianz Insurance Singapore Pte. Ltd. (HQ)**  
**SINGAPORE ELECTRIC VEHICLES PTE LTD**

Singapore

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	15/06/2022
Vehicle Reg. No.:	<b>SNE8864D</b>	Driveable?	
Party At Fault:	UNKNOWN		
Driver (Insured):	LEE SENG CHYE		
Make/Model:	BYD E6 (ME-2), (A)	Vehicle Reg. Date:	19/04/2022
Vehicle Colour:	BLACK	Chassis No:	LC0CE4DC2N0038854
Engine No:	BYD1814TZXS F322004084		
Odometer:	14499 KM		
Paint Type:			
Total Loss?	<b>NO</b>		
Est. Duration of Repair (day)	21		
Present Location:	DING AUTO PTE LTD (HQ)		

**COST OF CLAIMS**

	Amount
Parts	2,182.40
Miscellaneous Items	150.00
Labour	2,140.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>4,472.40</b>
<b>+ GST 7.00% (S\$)</b>	<b>313.07</b>
<b>Nett Amount (S\$)</b>	<b>4,785.47</b>

This claim is handled by: DING SING HUI, KENNETH

Generated using Merimen e-Claims Internet Estimation &amp; Adjusting System

RED:3960.40

Not Authorized  
Resurvey B4 parts  
8512.00 1 day

**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:



## REPAIR DETAILS

## Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 16 Jun 2022)

Parts: M1-MPV BYD E6 (ME-2) (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SNE8864D)

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		*DOOR SIDE MIRROR ASSY - RH	0.00	0.00	CM *320.00 F
2	1		*FRONT DOOR - RH	0.00	0.00	R *1,350.00 F
3	1		*FRONT DOOR HANDLE - RH	0.00	0.00	SH *160.00 F
4	1		*DOOR UPPER HINGE	0.00	0.00	H *58.00 F
5	1		*DOOR LOWER HINGE	0.00	0.00	H *58.00 F
6	1		*DOOR CATCH	0.00	0.00	PL *38.00 F
Sub Total (\$\$)						1,984.00
+ Margin on L,N Items 10.00% (\$\$)						198.40
Total Parts (\$\$)						2,182.40

F=Franchise part.

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

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	DOOR INNER BOARD CLIPS	nn 150.00 X
Sub Total (\$\$)			150.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	REPAIR, PANEL BEAT & ALIGN - ACCIDENT AREA	New	800.00
2	SPRAY PAINT - FRONT DOOR(RH) & DOOR SIDE MIRROR COVER	New	800.00
3	REMOVE & REFIT - DOOR COMPONENTS	New	150.00 X
4	REMOVE & REFIT - DOOR SIDE MIRROR COMPONENTS	New	150.00 X
5	ALIGN SIDE MIRROR & TEST WIRING	New	80.00 X
6	ALIGN DOOR HANDLE POWER WINDOW & TEST WIRING	New	80.00 X
7	RUST PROOFING	New	80.00 X
Gross Labour Cost (\$\$)			2,140.00

Report was unsubmitted during this print-out.  
Generated using Merimen e-Claims IEAS  
< 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 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	16/06/2022 15:00 (SGT)
Date of Accident	15/06/2022 09:04 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD ROAD INFRONT OF OLD MACDONALDS HOUSE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE8864D
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE ELECTRIC VEHICLES PTE LTD
Company Reg No	1XXXXX133G
Email Address	OPS@SEV.COM.SG
Mobile Phone No	(Phone) +65-88113311
Alternative Phone No	+65-88113311

#### VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6h
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	1600

#### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	SPMF1000000503
Cover Note Number	SPMF1000000503

#### DRIVER

Name of Driver	LEE SENG CHYE
NRIC No	SXXXX239I



Date Of Birth .....	15/11/1964
Occupation .....	Outdoor
Date Of Driving Pass .....	07/06/1989
Driving experience .....	33 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97864077
Alt. Phone Number .....	-
Email Address .....	LEESCHYE@GMAIL.COM
Address .....	BLK 212 PASIR RIS STREET 21
Address complement .....	#12-224
Postcode .....	510212
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	GRAB PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNE3018M
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	KAREN
Phone .....	(Phone) +65-98260996
Email .....	-