

ASS. REC. BY:

REF:

A15/ 220070381K

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: 864K

IDAC Accident Rpt: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lump Sum: 1.8K %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: SFA 7731BYr Regn: 07, 17

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

Truck / Trailer or _____

Make: Seat Alhambrac.c. 1968Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 73026

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VPS 7777 NEMV 720227

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R18

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 7 mmR/Bal. 6 mmL/Bal. 7 mmL/Bal. 6 mmD.O.A. 21/7/22D.O.I. 27/7/2022

Survey held at _____

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

Rear o/s

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

Date / Time

Action / Instruction

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: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

Transportation: _____

S + RS. _____

Fees _____

Others _____

TOTAL

Report Format: _____

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

City Auto Pte Ltd (Co.Reg.No:199503435C)
160 Sin Ming Drive #05-01, Sin Ming AutoCity,
Singapore 575722
Tel: 6453 1235 Fax: 6453 7944 Email: jason@cityauto.com.sg

INSURER.

Allianz Insurance Singapore Pte. Ltd. (HQ)

PARTICULARS OF CLAIM

Claim Type:	OD (Own Damage)	Ref. No:	
Policy No:	SP2001878200-01	Date of Loss:	21/07/2022
Vehicle Reg. No.:	SFA7731B	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	YUNG MING LIOW		
Driver:	LIM SOK NGIN (LIN XUEYIN)		
Make/Model:	SEAT ALHAMBRA, 1.4 STYLE 15 (A)	Vehicle Reg. Date:	06/07/2017
Vehicle Colour:	Brown		
Engine No:	DFM022543	Chassis No:	VSSZZZ7NZHV72022
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	4 ✓		
Present Location:	CITY AUTO PTE LTD (HQ)		

*NOT Notified
Running B4 party
Ex & Book*

COST OF CLAIMS

	Amount
Parts	3,516.70
Miscellaneous Items	0.00
Labour	1,150.00
Paintwork Labour	0.00
Towing	0.00
Calculated Gross Total (S\$)	4,666.70
- Excess (S\$)	642.00
(S\$)	4,024.70
+ GST 7.00% (S\$)	281.73
Nett Amount (S\$)	4,306.43

This claim is handled by: VRONICA

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 22 Jul 2022)
Parts: M1-SUV SEAT ALHAMBRA 1.4 STYLE 15 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: City Auto Pte Ltd/SFA7731B/22/07/2022 14:00
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		*Rear bumper	<i>Bu</i> 0.00	0.00	*1,725.00 F
2	1		*Rear bumper retainer - RH	<i>Di</i> 0.00	0.00	*102.00 F
3	1		*Taillamp - RH	<i>Bu</i> 0.00	0.00	*700.00 F
4	1		*Rear boot lamp - RH	0.00	0.00	<i>Pu</i> *600.00 F
5	1		*Rear bumper reflector - RH	0.00	0.00	<i>Pu</i> *70.00 F
Sub Total (S\$)						3,197.00
+ Margin on L,N Items 10.00% (S\$)						319.70
Total Parts (S\$)						3,516.70

F=Franchise part.

City Auto Pte Ltd/SFA7731B/22/07/2022 14:00. Not valid without Reference section.
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Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

Particulars

Particulars	Lab.Type	Amount
<u>Labour Items</u>		
- To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts	New	450.00
- Spray painting in affected and replace parts	New	700.00
	Gross Labour Cost (\$\$)	1,150.00

4001

6001

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< 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:

Date/Time

1)
Date/Time, FK

rt Format
Sum / I.B.

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	22/07/2022 09:28 (SGT)
Reported by	Both
Date of Accident	21/07/2022 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WEST COAST HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFA7731B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YUNG MING LIOW
NRIC No	SXXXX492E
Email Address	yongming@rocketmail.com
Mobile Phone No	(Phone) +65-97469634
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Seat
Model	ALHAMBRA 2.0 TDI 184 STYLE 6AT
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1968

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001878200-01

DRIVER

Name of Driver	LIM SOK NGIN (LIN XUEYIN)
NRIC No	SXXXX935H
Date Of Birth	22/04/1977
Occupation	Indoor

SKETCH PLAN

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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.

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.

Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1234 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan

