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To Inspect Vehicle No. It Workshop mis	Estimated Cost:	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
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Lunn Sur / LB. (\$\\ 4189.80\\)		
TOTAL	1100 Sum (1.8.1: (\$ 4189.80)	

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 26 Jul 2022)

Parts:

143

Repairer's

HYUNDAI AD AVANTE 1.6 GLS (A) (Catalogue:Merimen Singapore 1.0)

Labour:

(Price-denominated Standard List)

Print Code: Shu Fatt Auto Works/SMQ2271C/26/07/2022 13:08

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

140.	Qty	Part No.	Particulars		%Disc	%Depr	Amount
1	1		*Front bonnet / 00		0.00	0.00	*600.00 F
2	1		*Front bonnet insulator / CRM		0.00	0.00	*105.00 F
3	12			KC	0.00	0.00	*36.00 F
4	1		*Front bonnet lock \(1	0.00	0.00	*70.00 F
5	1		*Left front bonnet hinge / 67		0.00	0.00	*35.00 F
6	1		*Right front bonnet hinge/		0.00	0.00	*35.00 F
7	1		*Left front headlight / CR on		0.00	0.00	*500.00 F
8	1		*Right front headlight		0.00	0.00	*500.00 F
9	1		*Front grille / AR		0.00	0.00	*280.00 F
10	1		*Front grille emblem / (V)		0.00	0.00	*30.00 F
11	8		*Front grille clips / pl(0.00	0.00	*24.00 F
12	1		*Front bumper		0.00	0.00	*360.00 F
13	1		*Front bumper top rubber / (kV		0.00	0.00	*20.00 F
14	1		*Front bumper foam / RR		0.00	0.00	*65.00 F
15	1		*Front bumper reinforcement		0.00	0.00	*240.00 F
16	16		*Front bumper clips / M(0.00	0.00	*48.00 F
17	1		*Left front bumper side retainers	- AK	0.00	0.00	*18.00 F
18	1		*Right front bumper side retainers >	- BR	0.00	0.00	*18.00 F
19	1		*Front bumper lower garnish ()	4	0.00	0.00	*70.00 F
20	12		*Front bumper lower garnish clips	?	0.00	0.00	*36.00 F
21	1		*Front number plate garnish / RR		0.00	0.00	*60.00 F
22	1		*Front support panel		0.00	0.00	*280.00 F
23	1		*Front support top garnish / //		0.00	0.00	*45.00 F
24	8		*Front support top garnish clips	- N(0.00	0.00	*24.00 F
25	16		*Left front fender cowling clips	X	0.00	0.00	*48.00 F
26	16		*Right front fender cowling clips 🎗	X	0.00	0.00	*48.00 F
27	1		*Front air resonator		0.00	0.00	*65.00 F
28	1		*Coolant 🥤		0	0.00	*28.00 FS
29	1		*Front number plate / 🖊 🖊		0	0.00	*55.00 FS
F=Fra	nchise	part. S=SpcNett.	0 14				00.001.0
				Sub Total (S\$)			3,743.00
			+ Margin	on L,N Items 10.00% (S\$)			366.00
				Total Parts (S\$)			4,109.00

Shu Fatt Auto Works/SMQ2271C/26/07/2022 13:08. Not valid without Reference section. Generated using Merimen e-Claims IEAS

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-stimates	on Miscellaneous	Itame
Louindico		Hellis

No	Qty	Particulars			Amount
Mis	cellan	eous Items		0	150.00
1	1	To remove, replace aircon condenser, fan assembly, fill air con freon & assembly.		á	250.00
2	1	To remove, replace radiator, fill coolant assembly.		'/	
			Sub Total (S\$)		400.00
Es No		ates on Labour	Lab.Type		Amount

Es No	timates on Labour Particulars	Lab.Type		Amount
<u>Pair</u>	ntwork Labour To respray damaged parts.	New	800	1,200.00
<u>Lab</u> 2	our Items To knock, straighten frt inner panel, frt lower panel, frt side panel, left frt fender, left frt fender panel, rt frt fender panel, rt frt fender panel, frt bonnet, frt support panel, frt lights, grille, frt	New	409	1,200.00
	bumper & assembly. Gross Labo	ur Cost (S\$)		2,400.00

Shu Fatt Auto Works/SMQ2271C/26/07/2022 13:08. Not valid without Reference section. Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Stene CLKK) 27/7/21, 3-3p.

OP-MAC EXCEIT-? PIP MACH Sys

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:

\$\$2022710001 / Shu Fatt Auto Works ENTRY DATE & TIME: 18/07/2022 17:52 (\$GT) SUBMITTED BY: Julia Wong VERSION: 1 (18/07/2022 17:52 (\$GT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

3. 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 witholding of material facts may allow insurance companies to repudiate

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow instance of 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 Reported by

Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

18/07/2022 17:52 (SGT)

Both

18/07/2022 14:20 (SGT)

Singapore

CTE AMK AVE 3 TOWARDS CITY

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ2271C

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Fmail Address

Mobile Phone No

Alternative Phone No

No

FARISUDIN BIN MOHAMED KASSIM

SXXXX921H

FARISUDINMDKASSIM@GMAIL.COM

(Phone) +65-93226461

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Hyundai

Avante

Private use

Yes

Private car

Auto

1591

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Allianz Insurance Singapore Pte. Ltd.

SP2000532132

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SS2Q227I0001

FARISUDIN BIN MOHAMED KASSIM

SXXXX921H

26/06/1985

Indoor





Date Of Driving Pass Driving experience 30/09/2004 Gender 17 YEARS AND 10 MONTHS Mobile Number Male Alt. Phone Number (Phone) +65-93226461 **Email Address** Address FARISUDINMDKASSIM@GMAIL.COM Address complement BLK 113 BUKIT PURMEI ROAD Postcode #05-228 Is the driver the policyholder? 090113 If No, Relationship of the Driver with the Insured Yes Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver No Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

PC4744E

COMMERCIA

COMMERCIA

COMMERCIA

SELVA RAJ S/O CHANDRAHASON
SXXXX219I

Accident report SS2Q227I0001

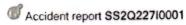
Page 2 of 13



Contact Number

Address (Phone) +65-91110527

Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)



SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process
- 2. This Formmust 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 contents to the contents of the conten allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of the Fermby insurance companies is not an admission of policy fability on the part of the insurance
- 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 Insurence 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

- (a) investigating the accident and/or my claims;
- $\left(m\right)$ carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (v) administering my claims (including the making 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

M Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel Sketch Plan

A- 96 4744E B-SMQ22716

Describe Circumstances of the Accident
I was trovelling towards AMK CITE AVE 3, suddenly the vanishfort of the stopped I couldn't Stop in time and ended up benging his back. None of us were injured. Time was 2.20pm. Location is the road just outside entrance of CIE BEH AMK AUS 3 towards City. Date: 18th July 2022
Ven PC 4744E My (ar CM&227/C

Declaration

IWe declare the foregoing particulars are true in every respect,

Policy holder's Signature / Diste &

Driver's Signature (if driver is not the policyholder) / Date & Tirre

Witnessed by Reporting Contro Personnel

Accident report SS2Q227I0001

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