

Steve

C4 AIS 22007155/Eqy3

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. 202222005711JK

Sum Insured: _____

Excess: _____

NIL

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMR 2271C Yr Regn: 1/11/19

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

Truck / Trailer or

Make: Hyundai Avante c.c. 1591

Colour: BEAR A/C: Insured / Std / NI / NA

Sp. Reading 1344 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD8WCML9945114

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: 71

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 1 mm

R/Bal. 4 mm

L/Bal. 1 mm

L/Bal. 4 mm

D.O.A. 18/1/22

D.O.I. 21/1/22

Survey held at Shri Fort

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

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

Date / Time Action / Instruction

MV-83K

28/07/22@2.58pm revert to Janice Koh via Merimen.

28/07/22@4.02pm Janice Koh informed C/A & ex: NIL via Merimen.

01/08/22@12.09pm Informed wksp C/A & ex: \$NIL by email.

06/09/22@5.18pm confirmed with Pat final fig \$4189.80, 5 days. (Red \$2780.80, 40%)

Date/Time, File Pass to?

☐ : Prell. Report

1) 06/09 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: MER-OD

Lump Sum / L.B.F. (\$) 4189.80

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 26 Jul 2022)

Parts: 143

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

Labour: Repairer's

(Price-denominated Standard List)

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

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		*Front bonnet / DD	0.00	0.00	*600.00 F
2	1		*Front bonnet insulator / CRU	0.00	0.00	*105.00 F
3	12		*Front bonnet insulator clips / MC	0.00	0.00	*36.00 F
4	1		*Front bonnet lock X	0.00	0.00	*70.00 F
5	1		*Left front bonnet hinge / BT	0.00	0.00	*35.00 F
6	1		*Right front bonnet hinge / BT	0.00	0.00	*35.00 F
7	1		*Left front headlight / BR	0.00	0.00	*500.00 F
8	1		*Right front headlight / BR	0.00	0.00	*500.00 F
9	1		*Front grille / BR	0.00	0.00	*280.00 F
10	1		*Front grille emblem / CV	0.00	0.00	*30.00 F
11	8		*Front grille clips / MC	0.00	0.00	*24.00 F
12	1		*Front bumper /	0.00	0.00	*360.00 F
13	1		*Front bumper top rubber / CRU	0.00	0.00	*20.00 F
14	1		*Front bumper foam / BR	0.00	0.00	*65.00 F
15	1		*Front bumper reinforcement ?	0.00	0.00	*240.00 F
16	16		*Front bumper clips / MC	0.00	0.00	*48.00 F
17	1		*Left front bumper side retainers / BR	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 ?	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 / BR	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 / BR	0.00	0.00	*45.00 F
24	8		*Front support top garnish clips / MC	0.00	0.00	*24.00 F
25	16		*Left front fender cowlings clips / X	0.00	0.00	*48.00 F
26	16		*Right front fender cowlings 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 / BR	0	0.00	*55.00 FS

F=Franchise part. S=SpcNett.

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

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	To remove, replace aircon condenser, fan assembly, fill air con freon & assembly.	150.00
2	1	To remove, replace radiator, fill coolant assembly.	250.00
Sub Total (\$\$)			400.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Paintwork Labour			
1	To respray damaged parts.	New	1,200.00
Labour Items			
2	To knock, straighten frt inner panel, frt lower panel, frt side panel, left frt fender, left frt fender panel, rt frt fender panel, renew frt bonnet, frt support panel, frt lights, grille, frt bumper & assembly.	New	1,200.00
Gross Labour Cost (\$\$)			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 >

Steve CLKKJ
27/7/22, 3-3pm

OP- MNL
Excell- ?
PIP

My Bal y
S L S

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:

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	18/07/2022 17:52 (SGT)
Reported by	Both
Date of Accident	18/07/2022 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE AMK AVE 3 TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ2271C
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FARISUDIN BIN MOHAMED KASSIM
NRIC No	SXXXX921H
Email Address	FARISUDINMDKASSIM@GMAIL.COM
Mobile Phone No	(Phone) +65-93226461
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000532132

DRIVER

Name of Driver	FARISUDIN BIN MOHAMED KASSIM
NRIC No	SXXXX921H
Date Of Birth	26/06/1985
Occupation	Indoor

Date Of Driving Pass	30/09/2004
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93226461
Alt. Phone Number	-
Email Address	FARISUDINMDKASSIM@GMAIL.COM
Address	BLK 113 BUKIT PURMEI ROAD
Address complement	#05-228
Postcode	090113
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
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)	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC4744E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SELVA RAJ S/O CHANDRAHASON
NRIC No	SXXXX219I

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)	1


Describe Circumstances of the Accident

I was travelling towards AMK CTE AVE 3, suddenly the van in front of me stopped. I couldn't stop in time and ended up banging his back. None of us were injured. Time was 2.20pm. Location is the road just outside entrance of CTE ~~at~~ AMK AVE 3 towards City.
Date: 18th July 2022


Van PC 4744E
My car SMQ2271C

Declaration

We declare the foregoing particulars are true in every respect.

 18/07/22
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Control Personnel