

ASS. REC. BY:

REF:

EG1/ CS/EGI22007201/Kqy3

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. CDMPG22001500

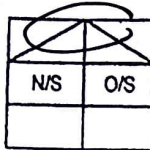
Sum Insured: Excess: 500.

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: \$22k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 08 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 01/25 Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

28/07/22@5.56pm revert to Senthilan Dillen Selvarajoo via Merimen.

01/08/22@9.50am Senthilan Dillen Selvarajoo informed C/A via Merimen.

01/08/22@11.53am Informed wksp C/A & ex:\$500 by email.

Date/Time, File Pass to?



: Prell. Report

Days Of Repair:

1)



: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fixes

Others

Report Format :

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

TOTAL

Alan's United Auto Pte Ltd (Co.Reg.No:201113667N)

Blk 7 Sin Ming Industrial Estate, #01-76

Singapore 575642

Tel: 6453 8686 Fax: 6459 6550 Email: kennychan@alanutd.com;Janicechou@alanutd.com

INSURER: **ERGO Insurance Pte. Ltd. (HQ)****PARTICULARS OF CLAIM**

Claim Type:	OD (OWN DAMAGE)	Ref. No:	022118
Policy No:	DMPG22000738	Date of Loss:	27/07/2022
Vehicle Reg. No.:	SJV1146Y	Driveable?	
Driver Age/Info:	/ MALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	CHUA YAO SHENG	Contact No:	+6583336995
Driver:	CHUA YAO SHENG		

Make/Model:	HYUNDAI AVANTE, 1.6 HD (M)	Vehicle Reg. Date:	13/01/2010
Vehicle Colour:	BLACK	Chassis No:	KMH DU41BLAU942598
Engine No:	G4FC9U776058		
Odometer:	0 KM		

Paint Type:
Total Loss?
Est. Duration of Repair
(day)

NO

8 ✓

Not Notified
1/10/20
Repair After Paint
Ex \$500

Present Location: **ALAN'S UNITED AUTO PTE LTD (HQ)****COST OF CLAIMS**

	Amount
Parts	10,822.40
Miscellaneous Items	0.00
Labour	2,070.00
Paintwork Labour	0.00
Polishing	0.00
Gross Total (S\$)	12,892.40
+ GST 7.00% (S\$)	902.47
Nett Amount (S\$)	13,794.87

This claim is handled by: **CHAN YEW SIAH**Generated using **Merimen e-Claims Internet Estimation & Adjusting System**

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 27 Jul 2022)

Parts: 143 HYUNDAI AVANTE 1.6 HD (M) (Catalogue:Merimen Singapore 1.0)

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

Print Code: Alan's United Auto Pte Ltd/SJV1146Y/27/07/2022 17:28

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		*STEERING AIR BAG	0.00	0.00	Ruch *950.00 F	✓
2	1		*STEERING AIR BAG COIL SPRING	0.00	0.00	Ne *180.00 F	✓
3	2		*FRONT SAFTEY BELT	0.00	0.00	Tm *2,300.00 F	✓
4	2		*FRONT AIR BAG SENSOR	0.00	0.00	Ne *230.00 F	✓
5	1		*AIR BAG CONTROL UNIT	0.00	0.00	Ne *530.00 F	✓
6	1		*BONNET	0.00	0.00	Bu *620.00 F	✓
7	1		*BONNET INSULATOR	0.00	0.00	Su *175.00 F	X
8	2		*BONNET HINGE	0.00	0.00	R *110.00 F	X
9	1		*BONNET INNER LOCK	0.00	0.00	DIT *62.00 F	✓
10	1		*BONNET INNER LOCK COVER	0.00	0.00	Sm *12.00 F	X
11	1		*BONNET RUBBER	0.00	0.00	CM *22.00 F	✓
12	2		*FRONT FENDER	0.00	0.00	Bu/Bt *510.00 F	✓
13	2		*FRONT FENDER VVT EMBLEM	0.00	0.00	Ne *32.00 F	✓
14	2		*HEADLAMP	mg CM	0.00	*660.00 F	✓
15	2		*HEADLAMP LOWER BRACKET	0.00	0.00	*100.00 F	✓
16	1		*FRONT GRILLE	0.00	0.00	CM *365.00 F	✓
17	1		*FRONT SUPPORT PANEL	0.00	0.00	R *420.00 F	✓
18	1		*ENGINE TOP COVER	0.00	0.00	CM *210.00 F	✓
19	1		*LH FUSE BOX HOLDER -TOP	0.00	0.00	CM *36.00 F	✓
20	1		*LH FUSE BOX HOLDER -BOTTOM	0.00	0.00	*70.00 F	?
21	1		*AIR INTAKE DUCT	0.00	0.00	CM *155.00 F	✓
22	1		*AIR CON CONDENSER	0.00	0.00	*330.00 F	?
23	1		*RADIATOR ASSY -M	1 hour CM	0.00	*350.00 F	✓
24	1		*RADIATOR FAN ASSY	CM	0.00	*380.00 F	✓
25	1		*RADIATOR TOP HOSE	0.00	0.00	Bu *52.00 F	✓
26	1		*RADIATOR LOWER HOSE	0.00	0.00	*46.00 F	?
27	1		*FRONT BUMPER FASCIA	0.00	0.00	CM *300.00 F	✓
28	1		*FRONT BUMPER REINFORCEMENT	0.00	0.00	*190.00 F	?
29	1		*FRONT BUMPER SPONGE	0.00	0.00	*95.00 F	?
30	1		*FRONT BUMPER LOWER GRILLE	0.00	0.00	Dit *60.00 F	✓
31	2		*FRONT BUMPER SIDE RETAINER	0.00	0.00	DIT *32.00 F	✓
32	1		*BATTERY	0	0.00	CM *160.00 FS	✓
33	1		*FRONT NO.PLATE WITH BOX	0	0.00	R *50.00 FS	45m
34	1		*RADIATOR COOLANT	0	0.00	Ne *30.00 FS	✓
35	1		*FRONT BUMPER CLIP (SET)	0	0.00	Ne *40.00 FS	✓

chise part. S=SpcNett.

Sub Total (\$)	9,864.00
+ Margin on L,N Items 10.00% (\$)	958.40
Total Parts (\$)	10,822.40

Alan's United Auto Pte Ltd/SJV1146Y/27/07/2022 17:28. Not valid without Reference section.
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Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	TO REWIRE DAMAGED PARTS & REFOCUS HEADLAMP BEAM	New	20.00 ✓
2	TO REMOVE AIR CON CONDENSER, PIPES & DRIER, VACUUM & TO RECHARGE GAS	New	120.00 100/
3	TO PUTTY AND SPRAY REPLACED PARTS	New	900.00 800/
4	TO REMOVE, CUT OUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGN, REFIX AND TO RENEW ABOVE PARTS	New	800.00 600/
5	TO REMOVE & RENEW STEERING AIR BAG, SAFETY BELT, AIR BAG CONTROL UNIT, DIAGNOS, PROGRAMME, RESET AIR BAG SYSTEM	New	150.00 ✓
6	TO TRANSFER FUSE BOX	New	80.00 60/
Gross Labour Cost (S\$)			2,070.00

Alan's United Auto Pte Ltd/SJV1146Y/27/07/2022 17:28. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< 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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	0351

Vehicle Details

Vehicle No.:	SJV1146Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	29 Jul 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	AVANTE 1.6 MT ABS AIRBAG 2WD 4DR
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	G4FC9U776058
Chassis No.:	KMH DU41BLAU942598
Maximum Power Output:	89.7 kW (120 bhp)
Open Market Value:	\$9,518.00
Original Registration Date:	13 Jan 2010
First Registration Date:	13 Jan 2010
Transfer Count:	3
Actual ARF Paid:	\$9,518.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	12 Jan 2025
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$16,184.00
COE Rebate Amount:	\$7,944.00
Total Rebate Amount:	\$7,944.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 27 Jul 2022

OK

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 27/07/2022 11:32 (SGT)
Reported by Both
Date of Accident 27/07/2022 07:50 (SGT)
Exact Location of Accident Woodlands Ave 2, Singapore
Additional Location Information AT JUNCTION OF WOODLANDS AVE 2 AND WOODLANDS AVE
5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV1146Y
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner CHUA YAO SHENG
NRIC No SXXXX035I
Email Address JSCHUAZAVANTE@GMAIL.COM
Mobile Phone No (Phone) +65-83336995
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 ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMPG22000738

DRIVER

Name of Driver CHUA YAO SHENG
NRIC No SXXXX035I
Date Of Birth 31/07/1984

SKETCH PLAN

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Woodlands Ave 2

A = S3V1146Y

B = PMJ5086M

C = SME3479B