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Келлетт

## 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		
Engine No:	G4FC9U776058	Chassis No:	KMH DU41BLAU942598
Odometer:	0 KM		

Paint Type:  
Total Loss? **NO**  
Est. Duration of Repair (day) 8 ✓

*Not at fault  
1/1000 & 9800  
Repair after paint  
Ex @ 5000*

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
Towing	0.00

Gross Total (S\$)	12,892.40
+ GST 7.00% (S\$)	902.47
<b>Nett Amount (S\$)</b>	<b>13,794.87</b>

This claim is handled by: CHAN YEW SIAH

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

F=Franchise part. S=SpcNett.

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

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## Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
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 1000
3	TO PUTTY AND SPRAY REPLACED PARTS	New	900.00 8000
4	TO REMOVE, CUT OUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGN, REFIX AND TO RENEW ABOVE PARTS	New	800.00 6000
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	80.00 600
Gross Labour Cost (S\$)			2,070.00

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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:



## 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



Occupation .....	Indoor
Date Of Driving Pass .....	17/09/2007
Driving experience .....	14 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83336995
Alt. Phone Number .....	-
Email Address .....	JSCHUAZAVANTE@GMAIL.COM
Address .....	BLK 417 HOUGANG AVE 8 #07-970
Address complement .....	-
Postcode .....	530417
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMJ5086M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ALVIN LIM

Contact Number .....	(Phone) +65-90057456
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SME3419B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ANDY NG
Contact Number .....	(Phone) +65-90033280
Address .....	-
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 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



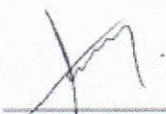
Describe Circumstance of the Accident

I was driving along Woodlands Avenue 2 towards Woodlands Avenue 4. At Around 0750am I had Collided to the Front car at a traffic junction before woodlands Avenue 5. The Carplate of the vehicle I collided with is SMJ 5086M.

I was unable to brake in time as the car SMJ 5086M jammed brake. And the car SMJ 5086M also hit a car in front of him with carplate number SME 3419 B.

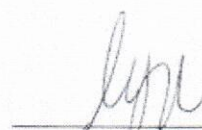
Declaration

I/We declare the foregoing particulars are true in every respect.



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)

