

ASS. REC. BY:

REF:

1CS/ 2200 7304/KV

C

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. MCF22A00000100

Claims No. DMCF2200156H/CT

Sum Insured:

Excess:

2K

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

\$127K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNE 28103

Yr Regn:

03, 22

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

Truck / Trailer or

Make:

Renault

Scenic

C.C.

1461

Colour

M. Red

A/C:

Insured / Std / NI / NA

Sp. Reading

53431

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VIF/ RIFA 000 63211961

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 / R/Rim or

Tyre Size:

F: DAVANTI

195/55R20

Continental

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

6

mm

L/Bal.

7

mm

L/Bal.

6

mm

D.O.A.

29/7/22

D.O.I.

2/8/2022

Survey held at

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

7/9 85700 Cash (red 18,627.56, 76%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 9/9/22-typist

Days Of Repair: 5

Resurvey No. of Trlp: 2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Fees

Others

TOTAL

Report Format: Merimen

Lump Sum / I.B.I: (\$ 5700)

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 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 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	01/08/2022 09:45 (SGT)
Reported by	Driver
Date of Accident	29/07/2022 17:49 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MCNAIR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE2810Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIS MOTORING PTE LTD
Company Reg No	2XXXXX055D
Email Address	KEIFTAN@BISMOTORING.COM.SG
Mobile Phone No	(Phone) +65-86881311
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private hire
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MCF22A00000100

DRIVER

Name of Driver	ONG LAI THIAM
NRIC No	SXXXX039H

Date Of Driving Pass	06/06/1983
Driving experience	39 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96218250
Alt. Phone Number	-
Email Address	LAITHIAM9621@GMAIL.COM
Address	231 CHOA CHU KANG CENTRAL
Address complement	#01-177
Postcode	680231
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	2
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	-

PASSENGER 1

Name	GOJEK PASSENGER
Gender	Male

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB3586Y
Vehicle Manufacturer	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

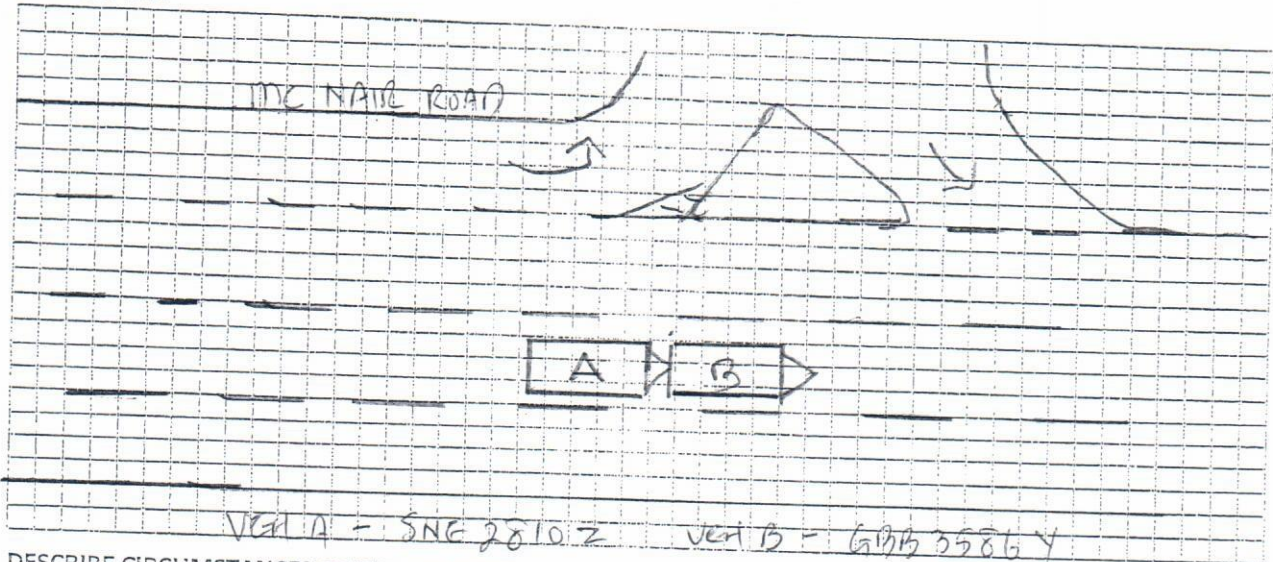
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30-07-2022

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29-07-2022, time 17:44:24 at McNair Road. I couldn't brake in time and rear-ended vehicle GBB 3586 Y

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: 30-07-2022

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Munich Autocare Pte Ltd (Co.Reg.No:201832250M)

60 Jalan Lam Huat, #07-43

Singapore 737869

Tel: 62552288 Fax: 62655388 Email: dennis.deng@munichautocare.com.sg

Kenneth

INSURER:

ECICS Limited (HQ)**PARTICULARS OF CLAIM**

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	MCF22A00000100	Date of Loss:	29/07/2022
Vehicle Reg. No.:	SNE2810Z	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	BIS MOTORING PTE LTD		

Make/Model:	RENAULT GRAND SCENIC IV, 1.5 DCI EU6 (A)	Vehicle Reg. Date:	01/03/2022
Vehicle Colour:	RED		
Engine No:	K9KF649D060176	Chassis No:	VF1RFA00063211961
Odometer:	53431 KM		

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

NO

*5 days**Not within
Merry Bkpaing
L1 Pump 85700h*

Present Location: MUNICH AUTOCARE PTE LTD (HQ)

*Ex @ 2000/h***COST OF CLAIMS**

Parts
Miscellaneous Items
Labour
Paintwork Labour
Towing

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:

Amount

21,148.73

87.00

2,830.00

0.00

0.00

Calculated Gross Total (S\$) 24,065.73**- Excess (S\$)** 2,000.00**(S\$)** 22,065.73**+ GST 7.00% (S\$)** 1,544.60**Nett Amount (S\$)** 23,610.33

This claim is handled by: TAN CHIN CHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 01 Aug 2022)

Parts: M1-MPV RENAULT GRAND SCENIC IV 1.5 DCI EU6 (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: Munich Autocare Pte Ltd/SNE2810Z/01/08/2022 14:01

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	*651004703R	FRONT BONNET 1348	0.00	0.00	*1,509.76 F
2	1	*656016673R	BONNET LOCK	0.00	0.00	*208.32 F
3	1	*654000247R	FRONT BONNET HINGE RH	0.00	0.00	*150.41 F
4	1	*654013594R	FRONT BONNET HINGE LH	0.00	0.00	*150.41 F
5	1	*658408772R	FRONT BONNET INSULATOR	0.00	0.00	*330.62 F
6	1	*654704597R	FRONT BONNET DAMPER LH	0.00	0.00	*125.66 F
7	1	*654704597R	FRONT BONNET DAMPER RH	0.00	0.00	*125.66 F
8	1	*260101271R	FRONT HEADLAMP RH 892.50	0.00	0.00	*999.60 F
9	1	*260602165R	FRONT HEADLAMP LH 892.50	0.00	0.00	*999.60 F
10	1	*622907255R	FRONT CENTRE BRACE BRACKET	0.00	0.00	*148.84 F
11	1	*620223972R	FRONT BUMPER 1461.70	0.00	0.00	*1,877.34 F
12	1	*625005785R	FRONT SUPPORT PANEL	0.00	0.00	*1,360.00 F
13	4	*253A49995R	FRONT PARKING SENSOR	0.00	0.00	*2,496.24 F
14	2	*2843896148R	FRONT BLIND SPOT SENSOR RH	0.00	0.00	*810.20 F
15	1	*623821034R	FRONT RADIATOR GRILLE BLACK	0.00	0.00	*296.80 F
16	1	*623855072R	FRONT RADIATOR GRILLE MOULDING (CHROME)	0.00	0.00	*261.80 F
17	1	*622561964R	FRONT RADIATOR GRILLE 473.80	0.00	0.00	*530.60 F
18	1	*628905855R	FRONT GRILLE EMBLEM 167	0.00	0.00	*187.04 F
19	1	*620363937R	FRONT RADIATOR TOP GARNISH	0.00	0.00	*513.40 F
20	1	*752106346R	FRONT BUMPER REINFORCEMENT	0.00	0.00	*833.72 F
21	1	*620901789R	FRONT BUMPER LOWER REINFORCEMENT GARNIS	0.00	0.00	*267.79 F
22	1	*7711428130	COOLANT 5L	0.00	0.00	*27.10 F
23	1	*921004063R	AIRCON CONDENSER	0.00	0.00	*1,041.60 F
24	1	*144614EA1B	ENGINE INNER COOLER	0.00	0.00	*1,005.87 F
25	1	*214105169R	RADIATOR	0.00	0.00	*812.44 F
26	1	*214819674R	RADIATOR FAN COWLING ASSY	0.00	0.00	*1,049.66 F
27	1	*628109433R	RADIATOR GRILLE INNER AIR DUCT	0.00	0.00	*185.13 F
28	1	*215595656R	RADIATOR INNER AIR DUCT	0.00	0.00	*115.13 F
29	1	*215586371R	INTERCOOLER AIR DUCT	0.00	0.00	*52.19 F
30	1	*214F62853R	FRONT LOWER AIR INTAKE FLAP GUIDE	0.00	0.00	*669.08 F
31	1	*656220664	front bonnet lock handle	0.00	0.00	*84.11 F

F=Franchise part.

Parking Sensor harness

283.00 to ✓

Sub Total (S\$)

19,226.12

+ Margin on L,N Items 10.00% (S\$)

1,922.61

Total Parts (S\$)

21,148.73

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Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	6	FRONT BUMPER SCREW	42.00 ✓
2	1	FRONT NUMBER PLATE	45.00 X
Sub Total (\$\$)			87.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	TO REPLACE / WELADING REALIGN FROT BUMPER , BONNET, FRONT WINDS SUB FRAME, CHASSISD MEMBER FRONT ASSY LH/RH AND ALL NECESSARY ETC	New	1,200.00 500
2	TO REMOVE & REPLACE RADIATOR FAN , HOSE AND AIR COND CONDENSER HOSE , FAN INLUDING VECUUM AND TOP UP GAS	New	250.00 X
3	TO DIAGNOSTIC SETTING PASSENGER & DRIVER RESTRAINT SYSTEM AND RESETTING OF ECU SYSTEM TO CLEAR FAULT CODE	New	380.00 X
4	TO RESPRAY FRONT ACCIDENT PORTION, BONNET,FENDER LH & RH, BUMPER CHASSIS MEMBERASSY RH/LH AND NECESSARY ETC	New	1,000.00 600
Gross Labour Cost (\$\$)			2,830.00

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< END OF ESTIMATES >