SM1522810002 / Munich Autocare Pte Ltd ENTRY DATE & TIME: 01/08/2022 09:45 (SGT) SUBMITTED BY: Angela Tan VERSION: 1 (01/08/2022 09:45 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

01/08/2022 09:45 (SGT) Driver 29/07/2022 17:49 (SGT) Singapore MCNAIR ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNE2810Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No

Yes BIS MOTORING PTE LTD 2XXXXXX055D KEIFTAN@BISMOTORING.COM.SG (Phone) +65-86881311

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

Private hire

Renault

Scenic

Yes Private hire Auto 1499

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No

ONG LAI THIAM SXXXX039H

Date Of Driving Pass

Driving experience

39 YEARS AND 1 MONTH

Gender

Male

Mobile Number

(Phone) +65-96218250

Alt. Phone Number

Email Address

LAITHIAM9621@GMAIL.C

Address

LAITHIAM9621@GMAIL.COM 231 CHOA CHU KANG CENTRAL #01-177 680231

680231 No Hirer No

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

If No, Relationship of the Driver with the Insured

Type of Accident

Weather Conditions

Road Surface

Collision - Head to Rear

Clear

Dry

OTHER INFORMATION

Address complement

Is the driver the policyholder?

Does Driver Own Other Vehicles?

Postcode

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?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's ID

No
Translator's ID

Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

Original language used in the statement

PASSENGER 1

Name GOJEK PASSENGER Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

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?

Was there any video captured by Car Camera?

Yes

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

GBB3586Y

Vèhicle Colour Vehicle Category 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)

Commercial vehicle

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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.
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- 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.
- The 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.
- 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 wehicle(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)
 - (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

0900

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No .:

SKETCH PLAN	
	SCHAIR ROAD
VESCRIPE SIDE	
DESCRIBE CIRCUMSTAN	
On 29-07-20	22 time 17:44:24 at McNair Road . I couldn't brake in time or
earended vehicle	GBB 35B64
CLARATION	
	rticulars are true in every respect
icyholder's Signature ee & Time:	Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:

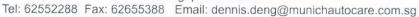
GIARMC SketchPlanForm_V3

Date & Time: 30 - 07 - 2022 NRIC/FIN No.:

0900

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

60 Jalan Lam Huat, #07-43 Singapore 737869



Ref. No:

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Kerneth

INSURER:

Claim Type:

PARTICULARS OF CLAIM

ECICS Limited (HQ)

OD (OWN DAMAGE)

Dellas Nes	MOFORA COCCAGO	INCI. INO.	
Policy No:	MCF22A00000100	Date of Loss:	29/07/2022
Vehicle Reg. No.: Driver Age/Info:	SNE2810Z	Driveable?	LINUCNICIANA
TP Injury Involved?	NO	Party At Fault:	UNKNOWN
Insured/Claimant:	BIS MOTORING PTE LTE	Third Party Involved?	YES
modred/Olaimant.	DIO MOTORMOTTE ETE		
Make/Model:	RENAULT GRAND SCEN EU6 (A)	IIC IV, 1.5 DCI Vehicle Reg. Date:	01/03/2022
Vehicle Colour:	RED		
Engine No:	K9KF649D060176	Chassis No:	VF1RFA00063211961
Odometer:	53431 KM		
		1001	Nothering BEpains 85700h
Paint Type:		Repor	RG.
Total Loss?	NO		12 pain
Est. Duration of Repair	& 5day,	U/Pern	857ach
(day)	s Jagg	the state of the s	7
		LKK Auto Consultants hence notify	Ex 82000/2
Present Location:	MUNICH AUTOCARE PT	the Repairer of the following:	0 % 6 2 / .
		To display damaged part(s) during resurvey	
		Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis	
COST OF CLAIMS		No illegal modification(s) is allowed	Amoun
Parts		Supplementary item(s) must be resurveyed and	04 440 70
Miscellaneous Items		is subject to final approval from Insurance Company	87.00
Labour		Acknowledged by Repairer	2,830.00
Paintwork Labour		Signature:	0.00
Towing		Date:	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

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 co

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 Pa	art No.	Particular	S						%Disc	%Depr	Amount
1	1		*65100470	38 ERON	T BONNET	1348			R	0.00	0.00	*1,509.76 F
	1			73R BONN		Oliver o ten			DIY	0.00	0.00	*208.32 F
	1				T BONNET H	INGE RH			Dil		0.00	*150.41 F
	1				T BONNET H				Diy		0.00	*150.41F
	1				T BONNET IN		2		Sen		0.00	*330.62 F
	1				T BONNET D				14		0.00	*125.66 F
	1				T BONNER D				ru	0.00	0.00	*125.66 F
	1				T HEADLAM		892.50		my cm	0.00	0.00	*999.60 F
)	1				T HEADLAM		192.50		N	0.00	0.00	*999.60 F
0	1				T CENTRE BI	li liberto libe			R	0.00	0.00	*148.84 F
1	1				T BUMPER		51.70		cn	0.00	0.00	*1,877.34 F
2	1				T SUPPORT I					0.00	0.00	*1,360.00 F
3	4				IT PARKING S				Sm	0.00	0.00	*2,496.24 F
4	2				NT BLIND SP		OR RH		tu	0.00	0.00	*810.20 F
5	1				TRADIATOR				CM	0.00	0.00	*296.80 F
6	1				T RADIATOR			CHROME)		0.00	0.00	*261.80 F
7	1				TRADIATOR		473.80	,	cri	0.00	0.00	*530.60 F
8	1				T GRILLE EM		167		cm	0.00	0.00	*187.04 F
9	1				T RADIATOR		- •		cm	0.00	0.00	*513.40 F
20	1				T BUMPER R				R	0.00	0.00	*833.72 F
1	1				T BUMPER L			NT GARNIS	Sin	0.00	0.00	*267.79 F
2	1		*77114281					ora and	AN	0.00	0.00	*27.10 F
23	1				ON CONDENS	ER			Sh	0.00	0.00	*1,041.60 F
4	1				NE INNER CO				Sa	0.00	0.00	*1,005.87 F
25	1		*21410516						Sh	0.00	0.00	*812.44 F
26	1			and the state of t	TOR FAN CO	WLING A	SSY		1m	0.00	0.00	*1,049.66 F
27	1		*62810943	3R RADIA	TOR GRILLE	INNER A	IR DUCT		Sm	0.00	0.00	*185.13 F
28	1		*21559565	6R RADIA	TOR INNER	AIR DUCT			Sin	0.00	0.00	*115.13 F
29	1				COOLER AIR				Sh	0.00	0.00	*52.19 F
30	1				T LOWER AIR		FLAP GUIDE		Sh	0.00	0.00	*669.08 F
1	1				nnet lock har				mgins	0.00	0.00	*84.11 F
	nchise part.					idio	- 0 -	. /	16 101	0.00	0.00	04.111
			Parking	Seria	harms		283.w	The Sub 7	Total (S\$)			19,226.12
			, ,	Mile Access v. w	1.013		+ Margin on	L,N Items 10.				1,922.61
								-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1,022.0
								Total P	arts (S\$)			21,148.73

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Estimates on Miscellaneous Items

Miscellaneous Items
1 6 FRONT BUMPER SCREW
2 1 FRONT NUMBER PLATE

Sub Total (S\$) 87.00

Amount

Estimates on Labour

No Qty Particulars

No	Particulars	Lab.Type		Amount
Lab	our Items			500
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
2	TO REMOVE & REPLACE RADIATOR FAN , HOSE AND AIR COND CONDENSER HOSE , FAN INLUDING VECUUM AND TOP UP GAS	New	no 7	250.00
3	TO DIAGNOSTIC SETTING PASSENGER & DRIVER RESTRAINT SYSTEM AND RESETTING OF ECU SYSTEM TO CLEAR FAULT CODE	New	NN	380.00
4	TO RESPRAY FRONT ACCIDENT PORTION, BONNET, FENDER LH & RH, BUMPER CHASSIS MEMBERASSY RH/LH AND NECESSARY ETC	New	6001	1,000.00
	Gross Labour	Cost (S\$)		2,830.00

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< END OF ESTIMATES >