(08/11	#13)	wef
CONTIN	4	

ASS. REC. BY:

ASSIGNMENT

From: Date:	Veh No: _ SLV 9454 G Yr Regn: Jan / 2018
Estimated Cost:	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To In spect Vehicle No:	Make: Missen Hote c.c 1198
at Wolkshop m/s	Colour Blue A/C: Insured/Std/NI/NA
of	Sp.Reading 65125 T/Radio: Insured / Std / N1 / NA
Insurred:	Eng/No: +1R12275180B
PolicyNo.	C/No: JH2TAAE1220980160
Claima No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / SIRim / STD A/Rim or
	Tyre Size: F: 185 65 R 15
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Tokena.
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bai. (/ mm R/Bai. S mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. S mm L/Bal. S mm
Est. Repairs: 5 days Res.: Yes or No	D.O.A. 22/27/222 D.O.I. 08/08/222
Lum Sum: 7 7 % 3 Val.: Yes or No	Survey held at Ah Lim Sin Mine
	Des. of Damages: Ent. (Rear)/ O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	The state of the s
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
HLA OD	
MX Cole	
MV 60K VIA 29.6K	
HL 30.4K	
20.715	
Data Time File Base to 2	
	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	<u></u>
	:Interview (\$ ) Photos
Report Format :	:Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$	:Weekend (\$
	TOTAL

# AH LIM MOTOR COMPANY

176 SIN MING DRIVE #05-12 SIN MING AUTOCARE Singapore 575721

Tel: 64563637 Fax: Email:

GST Reg No: M9-0009639-E

INSURER:

HL Assurance Pte Ltd (HQ)

PARTICULARS OF CLAIM

Claim Type:

OD (OWN DAMAGE)

Ref. No:

OD/HL

Policy No:

MP319712 SLV9454G Date of Loss:

22/07/2022

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Vehicle Reg. No.:

Driveable?

**UNKNOWN** 

Driver Age/Info:

Party At Fault:

TP Injury Involved?

NO

Third Party Involved?

YES

Insured/Claimant:

PHANG BOO CHYE

Contact No:

+6594525682

Driver:

PHANG BOO CHYE

Make/Model:

NISSAN NOTE, 1.2 (A)

Vehicle Reg.

Date:

24/01/2018

Vehicle Colour:

BLUE

Engine No:

HR122751808

Chassis No:

JN1TAAE12Z0980160

Odometer:

0 KM

Paint Type:

Total Loss?

NO

Est. Duration of

Repair (day)

Remarks:

8

WORKSHOP HANDLER- MEILI TAN TEL: 6456 3637 EMAIL:

MEILI@ALMSM.COM.SG VEHICLE IS CURRENTLY NO IN THE

WORKSHOP.

Present Location:

AH LIM MOTOR COMPANY (SIN MING)

Amount COST OF CLAIMS 5.004.20 Parts 0.00 Miscellaneous Items 2.790.00 Labour 0.00 Paintwork Labour 0.00 Towing

Gross Total (S\$) 7,794.20 545.59 + GST 7.00% (S\$)

## \* This claim is handled by: MEILI TAN-SIN MING BRANCH

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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#### REPAIR DETAILS

## Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 03 Aug 2022)

Parts:

144

NISSAN NOTE 1.2 (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code:

(Unsubmitted, no print-code for SLV9454G)

Validity:

These estimates are valid only if they contain the print code (above) on all estimate pages, running

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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		*TAILGATE 524	0.00	0.00	*950.00F L
2	1		*TAILGATE RUBBER SEAL defend	0.00	0.00	*65.00F ~
3	2		*TAILGATE HINGE LH/RH V	0.00	0.00	*96.00 F >
4	1		*TAILGATE NO PLATE LAMP GARNISH C ->	0.00	0.00	*190.00F ~
5	1		*TAILGATE INNER LOCK Dem	0.00	0.00	*110.00F -
6	1		*NOTE BADGE Luc	0.00	0.00	*58.00 F ~
7	1		*NISSAN BADGE +LC	0.00	0.00	*58.00 F ~
8	2		*NO PLATE LAMP LH/RH HH	0.00	0.00	*60.00 F≯
9	1		*REAR BUMPER Dank	0.00	0.00	*320.00 F -
10	2		*REAR BUMPER SIDE RETAINER LH/RH 500	0.00	0.00	*56.00 F ≯
11	1		*REAR BUMPER INNER SPONGE ?	0.00	0.00	*90.00F?
12	1		*REAR WIPER MOTOR Ha	0.00	0.00	*469.00 F 🔨
13	1		*REAR WIPER ARM BLADE HL	0.00	0.00	*60.00 F >
14	1		*REAR BUMPER REINFORCMENT RH ?	0.00	0.00	*45.00 F ?
15	1		*REAR KEYLESS ANTENNA ?	0.00	0.00	*65.00F?
16	1		*TAIL END PANEL ?	0.00	0.00	*320.00F?
17	1		*TAIL END PANEL INNER TRIM BOARD ?	0.00	0.00	*70.00F?
18	1		*REAR FENDER RH INNER TRIM BOARD	0.00	0.00	*340.00 F ?
19	1		*REAR WINDSCREEN SV	0.00	0.00	*900.00 F ×
20	1		*REVERSE SENSOR Dec	0	0.00	*220.00 FS \
21	2		*WINDSCREEN SEALANT	0	0.00	*30.00 FS >
F=Fra	nchise	part. S=SpcN	ett.			
			Sub Total (S\$)			4,572.00
			+ Margin on L,N Items 10.00% (S\$)			432.20
			Total Parts (S\$)			5,004.20

Report was unsubmitted during this print-out. Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

**Particulars** 

Lab.Type

Amount

New New	30.00 <u>-</u> 120.00 ·80].
New	120-00-801-
	. 20.00
New	60.00
Vew	80.0060  -
Vew	1,2 <del>00.0</del> 0 9 <i>0</i> 0 -
New	1,300.00
1	New New

Report was unsubmitted during this print-out. Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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Gross Labour Cost (S\$)



08/08/222 e 160m

97237799

- Privide Supplier invoice
- Para oper point soil
d'ange pers

Date: Signature:

2,790.00

Acknowledged by Repairer

is subject to final approval from Insurance Company Supplementary item(s) must be resurveyed and

- No illegal modification(s) is allowed
- Third party survey is on a "Without Prejudice" basis
  - Parts prices are subject to confirmation
  - To display damaged part(s) during resurvey
    - To resurvey before/after spray painting
  - the Repairer of the following: LKK Auto Consultants hence notify

#### > Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

#### Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

meended beregistration bu

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 23 Jul 2022

Singapore NRIC

4171

SLV9454G

Yes

24 Jul 2022

NISSAN

NOTE 1.2 CVT

Blue

2017

HR12275180B

JN1TAAE12Z0980160

58.0 kW (77 bhp)

\$13,622.00

24 Jan 2018

24 Jan 2018

0

\$5,000.00

Yes

23 Jan 2028

\$3,750.00

23 Jan 2028

A - Car up to 1600cc & 97kW (130bhp)

10

\$47,112.00

\$25,898.00

\$29,648.00



### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form X

CERTIFICATE NUMBER : MP319712

Type of Coverage

: Comprehensive

Own Damage Excess

: SGD1,000.00

Sum Insured

: Market Value

Windscreen Excess

: SGD100.00

Index Mark and Registration Number of Vehicle

Chassis Number of Vehicle

SLV9454G

JN1TAAE12Z0980160

2. Name of Policyholder

PHANG, BOO CHYE

Effective date of the Commencement of Insurance for the purposes of the Act

23 Jan 2022

Date of Expiry of Insurance

22 Jan 2023

5. Persons or Classes of Persons entitled to drive\*

01. PHANG, BOO CHYE

02. N/A

03. N/A

04. N/A

05. N/A

06. N/A

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

\*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business or profession. The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Please note that the Own Damage Excess will be halved if claims related repairs are done at HL Assurance Approved Workshops listed in the attached.

This Certificate is not transferable to a new owner of the Motor Vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to HL Assurance Pte. Ltd. Within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

Hire Purchase Company

: N/A

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

HL ASSURANCE PTE. LTD.

Issue on: 12 Jan 2022

**Authorized Signature** 

SA1B227N0001-01 / AH LIM MOTOR COMPANY (BRANCH) ENTRY DATE & TIME: 23/07/2022 14:03 (SGT) SUBMITTED BY: GERALD CHEW VERSION: 2 (01/08/2022 10:36 (SGT))



## 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 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 23/07/2022 14:03 (SGT) Reported by Date of Accident 22/07/2022 21:35 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information CTE BRADDELL EXIT TO SERANGOON ROAD Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Nissan

Vehicle Registration Number SLV9454G

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PHANG BOO CHYE NRIC No SXXXX417I **Email Address** P.TIMOTHYBC@GMAIL.COM Mobile Phone No (Phone) +65-94525682 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Note 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1198

#### INSURANCE COMPANY

Name of Insurance Company HL Assurance Pte Ltd Policy Number / Cover Note Number MP319712

#### DRIVER

Name of Driver PHANG BOO CHYE NRIC No SXXXX417I Date Of Birth 05/11/1972 Occupation Indoor

16/12/2006 Date Of Driving Pass Driving experience 15 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-94525682 Alt. Phone Number **Email Address** P.TIMOTHYBC@GMAIL.COM Address BLK 165 BISHAN STREET 13 #05-282 Address complement Postcode 570165 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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 GABRIEL PHANG 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? No

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	PC7687S
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	

Vehicle Colour	
Vehicle Category	Bus
Name of Driver	PANDIAN SIVAKUMAR
Passport No/FIN	FXXXX438P
Contact Number	(Phone) +65-82810941
Address	2
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person Gender	GABRIEL PHANG Male
Phone No	_
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	_
Injuries Sustained	unknown
Injured person in which vehicle?	SLV9454G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

hick: SLV94546

#### MPORTANT NOTICE

- I. Please report correctly the details of the accident to speed up the claims process.
- t. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to remudiate noticy liability.
- 4. The Issue and acceptance of this Formby insurance companies is not an admission of policy liability on the part of the insurance companies.
- 3. Any false reporting may be referred to the Police for Investigation.
- 3. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurence Association
- of Singapore (GIA) for archiving and that copies of this report will for a fee he 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)

lunderstand, acknowledge, agree and consent that :

(e) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") anylare parmitted to collect, use, disclose ten my insurer , my workshop and the General insurance Association of Singapore ("GIA") maytere 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 that be collectively referred to as the "insurers"), the insurers law yers/law thank the Monatary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

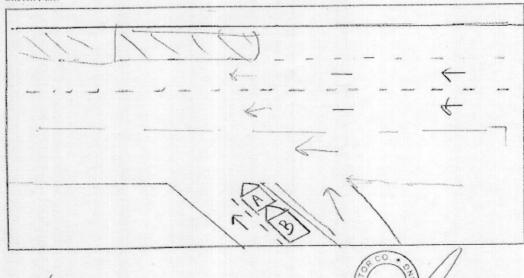
(i) processing, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the clams;

- (ii) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the maling 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/mall 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
- (o) my Personal Information may/can be disclosed by any of the insurers and/or GM, to their faird party service providers or agents (including their tawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

#### Sketch Plan



Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

ARRIMATOR COMPANY

Date of accident: 22/7/2012 Time: 9.35pm Location: (713 B) robell exit to Severy an Roxe My Vehicle A: SLV94599 Vehicle B: PC 76875 Vehicle C:	(
My Vehicle A: SLV4454 Q Vehicle B: PC 7 6 87 S Vehicle C:	
SKETCH PLAN  Describe Circumstances of the Accident	
On date 22/7/2022 at around 9.35 pm, vehicle A  was moving slowly at the slip road to exist the slip road  from Brabell CPB top levary on to your the bus vehicle B then  suddenly trockento the war of vehicle A. As there is  Vehicle A was moving when it is knocked and then  stopped at the side of the road. As those is no injuries involved, we quietly exchanged, the bus driver fiapological and give me him ID & driving presence & hand phone ho. I also grandining As he needed to drop his passengers and be moved off.	
A PERSON OF THE	
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.	
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only	
We declare the foregoing particulars are true in every respect.	
Comothy. (2) (23) 07/2026	
Pulicyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date Windspell by Reporting Centra Personnel  Time Personnel	

\* 6.4