

ASS. REC. BY:

REF:

AS / 22007788/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 _____

Munich

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

2k

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

\$91k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

05 days

Res.: Yes or No

Lum Sum: _____

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SMR 460G

Yr Regn: _____

12, 19

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

Truck / Trailer or _____

(A)

Wagon

Make: _____

Opel

As 119

c.c

1598

Colour _____

M. Gray

A/C: _____

Insured / Std / NI / NA

Sp. Reading _____

133498

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

W0VB08EG3K 8058051

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: _____

F: _____

205/55R16

R: _____

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

TOYO / YOKO or _____

Duraturn

Front

R/Bal. _____

mm

Rear

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

6/8/22

D.O.I. _____

16/8/2022

Survey held at _____

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

N/S/R

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

Date / Time

Action / Instruction

7/19 @ 5176.80 Cahr

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

) \$ + RS. \$ _____

) Extras _____

) Others _____

Report Format :

Lump Sum / I.B.I. (\$ _____)

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	055D
Vehicle Details	
Vehicle No.:	SMR460G
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Aug 2022
Vehicle Make:	OPEL
Vehicle Model:	ASTRA ST 1.6 TURBO DIESEL (A)
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	A2191579L8GX0009
Chassis No.:	W0VBD8EG3K8058051
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$21,534.00
Original Registration Date:	16 Dec 2019
First Registration Date:	16 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$22,148.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Dec 2029
PARF Rebate Amount:	\$16,611.00
Intended COE Rebate Details	
COE Expiry Date:	15 Dec 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$35,906.00
COE Rebate Amount:	\$26,398.00
Total Rebate Amount:	\$43,009.00

The information contained herein is correct as at 08 Aug 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 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	08/08/2022 14:22 (SGT)
Reported by	Driver
Date of Accident	06/08/2022 23:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR460G

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	Opel
Model	Astra
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	1600

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002451400

DRIVER

Name of Driver	RANGANATHAN S/O SUPPIAH
NRIC No	SXXXX395F
Date Of Birth	05/11/1973
Occupation	Outdoor

Date Of Driving Pass	23/07/2001
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88918263
Alt. Phone Number	-
Email Address	RANGA013@YAHOO.COM.SG
Address	BLK 765 JURONG WEST ST 74
Address complement	#07-13
Postcode	640765
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 on 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	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)	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?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SJX6515Y
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-

SKETCH PLAN

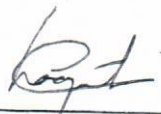
IMPORTANT NOTICE


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 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.
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5. Any false reporting may be referred to the Police for investigation.
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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:

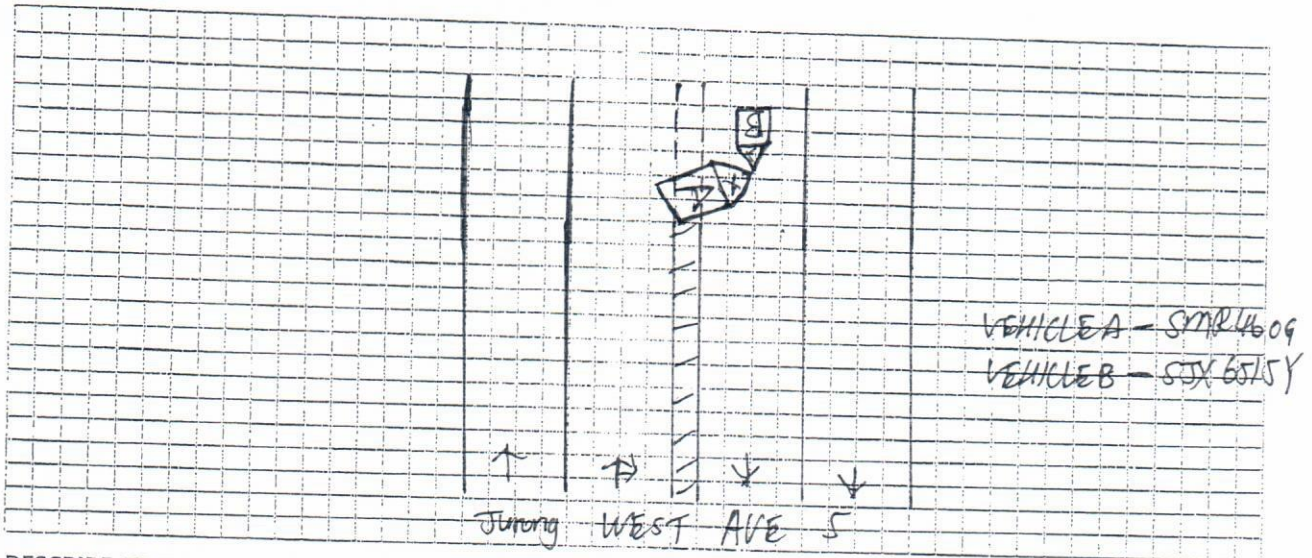
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20220807/2017.

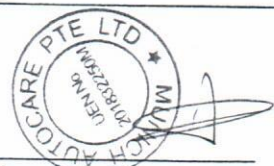
DECLARATION

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:

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





**SINGAPORE
POLICE FORCE**



T/20220807/2017

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 4

Report No. T/20220807/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
07/08/2022 10:47

Vide Report No.:
J/20220806/0155

Station Diary No.:
39

Informant's Particulars

Name of Informant:
RANGANATHAN S/O SUPPIAH

Address:
APT BLK 765 JURONG WEST STREET 74 #07-13
SINGAPORE 640765

ID Type / ID No.:
NRIC NO / S7348395F

Contact No.:
Home/Office: Mobile: 88918263

Nationality:
SINGAPORE CITIZEN

Email:
ranga013@yahoo.com.sg

Sex: Age: Date of Birth:
Male 48 05/11/1973

Type of Informant:
Driver

Race:
Indian

Language: Institution / School Name:
English

Occupation:
PRIVATE HIRE DRIVER

Driving Licence Information:
Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/08/2022 23:30	Type of Location: X-Junction
Location: JURONG WEST AVENUE 5				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX6515Y	Car	VOLKSWAGO N		Red		3
SMR460G	Car	OPEL	Astra	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR460G	ECICS LIMITED	MCF22A00000100	01/04/2022	31/03/2023



SINGAPORE POLICE FORCE



T/20220807/2017

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 4

Report No. T/20220807/2017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHD HAIRUL NIZAM BIN JEFRI	ID No.	S8679367I
Related Vehicle	SJX6515Y (Car)	Contact No.	81177064
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	RANGANATHAN S/O SUPPIAH	ID No.	S7348395F
Related Vehicle	SMR460G (Car)	Contact No.	88918263
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/08/2022 at about 2330hrs, I was driving my car V1) SMR460G along Jurong West Avenue 5. I was traveling on the extreme right lane along Jurong west Avenue 5 and was making a U-turn along Jurong West Avenue 5 towards the direction of Pioneer Road North. Before making the U-turn, I made a check to ensure that the traffic was clear and that there was no other vehicle coming from the opposite side. However, while I was negotiating the U-turn, I saw another car V2) SJX6515Y was traveling towards my direction. I was not able to stop V1 and avoid the collision as I was already half way through making the U-turn. V2's front portion had collided into the front left portion of V1.

After the accident. I stopped V1 and alighted to make a check and discovered that V1's front left bumper sustained a dent and was slightly dislodged. I then met up with the driver of V2 to exchange particulars, however I did not speak much with him. I was also informed by the driver of V2 that he called for the police. I noticed that there were 3 other passengers in V2.

The police and the ambulance arrived shortly after. The police at scene conducted their preliminary investigation. I had handed over the SD card from my in-built vehicle camera to the police to facilitate them with the investigation. I was then told to lodge an accident report at the police station. The in-charge of the case is TP IO Farhan Tel:65476224.

I am not injured from the accident and I am not sure if anyone was conveyed to the hospital.



**SINGAPORE
POLICE FORCE**



T/20220807/2017

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 4

Report No. T/20220807/2017

CONTINUATION OF REPORT

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

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

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	SP2002451400	Date of Loss:	06/08/2022
Vehicle Reg. No.:	SMR460G	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	BIS MOTORING PTE LTD		
Make/Model:	OPEL ASTRA ST, 1.6 D TURBO DIESEL (A)	Vehicle Reg. Date:	17/12/2019
Vehicle Colour:	GREY		
Engine No:	A2191579L8GX0009	Chassis No:	W0VBD8EG3K8058051
Odometer:	133498 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	5 days		
Present Location:	MUNICH AUTOCARE PTE LTD (HQ)		

*Not Authorized
Returning B4psim
\$5176.90 Ex \$2000*

COST OF CLAIMS

	Amount
Parts	7,906.80
Miscellaneous Items	108.00
Labour	2,280.00
Paintwork Labour	0.00
Towing	0.00
Calculated Gross Total (S\$)	10,294.80
- Excess (S\$)	2,000.00
(S\$)	8,294.80
+ GST 7.00% (S\$)	580.64
Nett Amount (S\$)	8,875.44

This claim is handled by: LIM JIA HAW

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 12 Aug 2022)
Parts:	144	OPEL ASTRA ST 1.6 D TURBO DIESEL (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	Munich Autocare Pte Ltd/SMR460G/12/08/2022 17:38	
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	39054067	*FRONT BONNET	0.00	0.00	*997.00 F X
2	1	39032149	*BONNET HINGLE LH	0.00	0.00	*32.00 F X
3	1	39032150	*BONNET HINGLE RH	0.00	0.00	*32.00 F X
4	1	39089229	*FRONT RADIATOR GRILLE	0.00	0.00	*400.00 F X
5	1	13423641	*FRONT RADIATOR GRILLE MOULDING CHROME LH	0.00	0.00	*166.00 F X
6	1	13423642	*FRONT RADIATOR GRILLE MOULDING CHROME RH	0.00	0.00	*166.00 F X
7	1	39052728	*FRONT BUMPER ✓	0.00	0.00	*1,256.00 F ✓
8	1	39089220	*FRONT BUMPER LOWER GRILLE	0.00	0.00	*138.00 F X
9	1	13447589	*FRONT PARKING SENSOR	0.00	0.00	*80.00 F X
10	1	39150203	*FRONT HARNESS WIRE ✓	0.00	0.00	*323.00 F ✓
11	1	39081894	*FRONT HEADLAMP LH ✓	0.00	0.00	*609.00 F ✓
12	1	39058200	*FRONT HEADLAMP LOWER BRACKET LH	0.00	0.00	*50.00 F ✓
13	1	39086895	*FRONT BUMPER SIDE RENTAINER LH - UPP	0.00	0.00	*24.00 F ✓
14	1	39098907	*FRONT BUMPER FOGLAMP LH	0.00	0.00	*270.00 F ✓
15	1	13481997	*FRONT BUMPER FOGLAMP COVER LH ✓	0.00	0.00	*165.00 F ✓
16	1	39086922	*FRONT EMBLEM LOGO	0.00	0.00	*109.00 F X
17	1	13423599	*FRONT BUMPER TOW COVER	0.00	0.00	*48.00 F X
18	1	39089202	*FRT BUMPER LOW LIP LH	0.00	0.00	*162.00 F ✓
19	1	39089203	*FRT BUMPER LOW LIP RH	0.00	0.00	*162.00 F X
20	1	39058200	*FRONT BUMPER SIDE RETAINER LH - GUIDE	0.00	0.00	*50.00 F ✓
21	1	13488987	*FRT BUMPER HEADLAMP BRACKET LH	0.00	0.00	*232.00 F X
22	1	39089229	*FRT GRILLE FRAME	0.00	0.00	*400.00 F X
23	1	39132771	*FRT GRILLE BASE	0.00	0.00	*124.00 F X
24	1	13423641	*FRT GRILLE CHROME MOLDING LH	0.00	0.00	*198.00 F X
25	1	39011390	*FRT FENDER LH ✓	0.00	0.00	*442.00 F ✓
26	1	13412038	*FRT FENDER BRACKET LH	0.00	0.00	*66.00 F X
27	1	39052081	*FRT FENDER BRACKET LH	0.00	0.00	*5.00 F X
28	1	39052083	*FRT FENDER BRACKET LH	0.00	0.00	*19.00 F X
29	1		*FRT FENDER INNERSHIELD LH	0.00	0.00	*96.00 F ✓
30	1	39024544	*TYRE RIM 16	0.00	0.00	*276.00 F ✓
31	1	39155356	*WIPER WASHING TANK ✓	0.00	0.00	*91.00 F ✓

F=Franchise part.

Control Unit Rd 569.00 ✓

Sub Total (\$)

7,188.00

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

718.80

Total Parts (\$)

7,906.80

Munich Autocare Pte Ltd/SMR460G/12/08/2022 17:38. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	BUMPER CLIP	49.00 ✓
2	1	FENDER CLIP	49.00 ✓
3	1	FENDER INNERSHIELD CLIP	10.00 ✓
Sub Total (\$\$)			108.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	REMOVE ,REFIX & REPAIR FRONT BUMPER, FRONT BONNET, FRONT FENDER ,FRONT PASSENGER DOOR LH AND ALL THE EFFECTED AREAS.	New	1,000.00
2	TO REMOVE & REFIX FRONT PARKING SENSOR	New	80.00
3	TO CHECK FRONT WIRING HARDNESS FOR PROPER FUNCTION INCLUDING ADJUST HEADLAMP FOCUS	New	120.00
4	WHEEL ALIGNMENT	New	80.00
5	RESPRAY & PUTTY FRONT ACCIDENT POTION, FRONT BUMPER, FRONT FENDER, FRONT BONNET, FRONT PASSENGER DOOR LH ,AND ALL THE EFFECTED AREAS.	New	1,000.00
Gross Labour Cost (\$\$)			2,280.00

Munich Autocare Pte Ltd/SMR460G/12/08/2022 17:38. 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 surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: