



# Cheng Auto Bodyworks (Co Reg No 53315238X)

5 Soon Lee Street #01-62 Pioneer Point

Singapore 627607

Tel: 6631 0707 Fax: 6316 2431 Email: cab@chengauto.com

INSURER: Allianz Insurance Singapore Pte. Ltd. (HQ)

## PARTICULARS OF CLAIM

Claim Type:	OD (Own Damage)	Ref. No:	
Policy No:	SP200743851-01	Date of Loss:	16/08/2022
Vehicle Reg. No.:	<b>SGR52Y</b>	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	CHING AH CHOON		
Make/Model:	TOYOTA VELLFIRE, 2.5 Z G-EDITION CVT (A)	Vehicle Reg. Date:	14/11/2016
Vehicle Colour:	Black		
Engine No:	2ARH695016	Chassis No:	AGH300055941
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	8		
Present Location:	CHENG AUTO BODYWORKS (HQ)		

## COST OF CLAIMS

	Amount
Parts	9,592.00
Miscellaneous Items	160.00
Labour	1,700.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>11,452.00</b>
<b>+ GST 7.00% (S\$)</b>	<b>801.64</b>
<b>Nett Amount (S\$)</b>	<b>12,253.64</b>

This claim is handled by: MURUGESAN S/O REGUNATHAN

Generated using Merimen e-Claims Internet Estimation & Adjusting System



**REPAIR DETAILS****Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 30 Aug 2022)  
 Parts: M1-MPV TOYOTA VELLFIRE 2.5 Z G-EDITION CVT (A) (Catalogue: Merimen Singapore 1.0)  
 Labour: Repairer's (Price-denominated Standard List)  
 Print Code: Cheng Auto Bodyworks/SGR52Y/30/08/2022 12:22  
 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	NA	*BONNET X R	0.00	0.00	*550.00 F
2	1	NA	*BONNET HINGE RH X - BT	0.00	0.00	*45.00 F
3	1	NA	*BONNET HINGE LH X - BT	0.00	0.00	*45.00 F
4	1	NA	*BONNET ISOLATOR X	0.00	0.00	*140.00 F
5	1	NA	*BONNET LOCK ASSY X	0.00	0.00	*90.00 F
6	1	NA	*BONNET RUBBER X	0.00	0.00	*30.00 F
7	1	NA	*BONNET CHROME / CRA	0.00	0.00	*250.00 F
8	1	NA	*GRILLE ASSY	0.00	0.00	*700.00 F
9	1	NA	*GRILLE LOGO	0.00	0.00	*90.00 F
10	1	NA	*HEADLAMP RH	0.00	0.00	*1,850.00 F
11	1	NA	*HEADLAMP LH - OR	0.00	0.00	*1,850.00 F
12	1	NA	*FOGLAMP GRILLE RH WITH CHROME	0.00	0.00	*180.00 F
13	1	NA	*FOGLAMP GRILLE LH WITH CHROME - OR	0.00	0.00	*180.00 F
14	1	NA	*REINFORCEMENT	0.00	0.00	*200.00 F
15	1	NA	*SPONGE	0.00	0.00	*70.00 F
16	1	NA	*NO PLATE GARNISH COVER	0.00	0.00	*150.00 F
17	1	NA	*FRT BUMPER - OR	0.00	0.00	*600.00 F
18	1	NA	*FRT BUMPER BRACKET RH	0.00	0.00	*70.00 F
19	1	NA	*FRT BUMPER BRACKET LH	0.00	0.00	*70.00 F
20	1	NA	*HEADLAMP BRACKET RH	0.00	0.00	*70.00 F
21	1	NA	*HEADLAMP BRACKET LH	0.00	0.00	*70.00 F
22	1	NA	*BUMPER LOWER LIPS	0.00	0.00	*200.00 F
23	1	NA	*FOGLAMP RH	0.00	0.00	*160.00 F
24	1	NA	*FOGLAMP LH	0.00	0.00	*160.00 F
25	1	NA	*FRT SUPPORT ASSY	0.00	0.00	*900.00 F

F=Franchise part.

Sub Total (\$\$) 8,720.00  
 + Margin on L,N Items 10.00% (\$\$) 872.00

Total Parts (\$\$) 9,592.00

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## Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	BUMPER CLIPS <i>↑ MK</i>	<i>30</i> 80.00
2	1	GRILLE CLIPS	80.00
3	1	No plate w/case - 40 <i>✓ MK</i>	
Sub Total (\$\$)			160.00

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	LABOUR	New <i>250</i>	800.00
2	SPRAYPAINTING	New <i>600</i>	800.00
3	DISCONNECT & CHECK ELECTRICAL WIRING, HARNESS, WIRE SOCKETS, ETC., REMOVE & REINSTALL DAMAGED PARTS, TEST & RECTIFY FOR PROPER FUNCTIONING	New <i>50</i>	100.00
Gross Labour Cost (\$\$)			1,700.00

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< END OF ESTIMATES >

*Steve (LKK)*

*12/9/22, 12:30p*

*OD-M AL*

*EXPR 5-7*

*P/P*

*by BL y*

*4 dy 5*

**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 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 17/08/2022 17:48 (SGT)  
 Reported by Both  
 Date of Accident 16/08/2022 17:54 (SGT)  
 Exact Location of Accident Near 3 Jurong West Ave 5, Singapore  
 Additional Location Information -  
 Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SGR52Y

### INSURED/POLICYHOLDER

Is company? No  
 Name Of Registered Owner CHING AH CHOON  
 NRIC No SXXXX866I  
 Email Address emenching@gmail.com  
 Mobile Phone No (Phone) +65-92727047  
 Alternative Phone No -

### VEHICLE PARTICULARS

Manufacturer Toyota  
 Model Vellfire  
 Variant -  
 Exact purpose for which vehicle was being used at time of accident -  
 Are you claiming under your own insurance policy for repair to your vehicle? Yes  
 Vehicle Category Private car  
 Transmission Auto  
 CC 2493

### INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.  
 Policy Number / Cover Note Number SP200743851-01

### DRIVER

Name of Driver CHING AH CHOON  
 NRIC No SXXXX866I  
 Date Of Birth 23/08/1960  
 Occupation Indoor

Date Of Driving Pass	07/01/1981
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92727047
Alt. Phone Number	-
Email Address	emenching@gmail.com
Address	SINGAPORE
Address complement	-
Postcode	-
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	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)	3
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	AMY CHOONG
Gender	Female

#### PASSENGER 2

Name	BRENDAN CHING
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

On the 16/08/2022 at 1754Hrs, I was driving along Jalan Bahar. I entered the filter lane to turn into Jurong West Ave 5. Vehicle B (SME2341Y) was ahead of my vehicle. As vehicle B was exiting the filter lane, I checked for oncoming traffic. When I turned back to face the front, veh B had stopped. Despite reacting immediately, I could not stop in time and bumped into the rear of veh B. No one was injured in this incident.

#### 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	SME2341Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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

### 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 willful 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. 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.
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 17/08/2022

Sketch Plan

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

Witnessed by Reporting Centre  
Personnel



- PLEASE VIEW OVERLEAF -



SKETCH PLAN

Date of Accident: 16/08/2022

A:SGR52Y  
B:SME2341Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 16/08/2022 at 1754Hrs, I was driving along Jalan Bahar. I entered the filter lane to turn into Jurong West Ave 5. Vehicle B (SME2341Y) was ahead of my vehicle. As vehicle B was exiting the filter lane, I checked for oncoming traffic. When I turned back to face the front, veh B had stopped. Despite reacting immediately, I could not stop in time and bumped into the rear of veh B. No one was injured in this incident.

- ☐ Own Damage Claim
- ☐ Third Party Claim
- ☐ OD/TP Claim at another workshop:
- ☐ Reporting Only

DECLARATION

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

*[Signature]*  
Policyholder's signature  
Date & Time:  
17/08/2022  
4:29pm

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: MUMUKS.W  
NRIC/Id No.:

