

ASS. REC. BY:

REF:

GAZ/ 220092941K

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 0530

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(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: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMV 1998U Yr Regn: 09, 20

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

Truck / Trailer or

Make: Renault Scenic c.c. 1461Colour: MP White A/C: Insured / Std / NI / NASp. Reading: 172256 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIRFA 00362895216Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: Triangle 195/55R20R: Davanti

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

TOYO / YOKO or

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 16/9/22

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 26/9/2022

Survey held at _____

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

Rear N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

) Fixt's

) Others

TOTAL

Report Format :

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

SIN MING DRIVE #07-01/06 SIN MING AUTO PTE LTD
Tel: 6250 0088 Fax: 6250 0089
Email: info@sinming.com.sg

SIN MING AUTO PTE LTD

Munich Autocare Pte Ltd

60 Jalan Lam Huat #02-02/03 Carros Centre Singapore 737869
Tel: +65 6255 2288 | Fax: +65 6265 5388
Company Reg. No.: 201832250M | GST Reg. No.: 201832250M

Not Authorised
Pranny Bepain
2 days

ESTIMATION REPORT

Vehicle No : SMV1998U
Make & Model : RENAULT, GRAND SCENIC IV 1.5 DCI AT
EU6,VF1RFA00362895216

Estimation No. : E22090015
Date : 20/09/2022

No.	Code	Description	Qty	U/P	Amt
<u>Section: Remark</u>					
1		GREAT AMERICAN INSURANCE COMPANY DOA : 16.09.2022 TP CLAIMS	1.00	0.00	0.00

Amt S\$ 0.00
Discount (0.00%) S\$ 0.00
Subtotal S\$ 0.00

Section: Parts

2	901004631R TAILGATE ASSY	<i>1</i>	1.00	2,697.26	2,697.26	X
3	R901523953R TAILGATE OUTER (GARNISH)	<i>1</i>	1.00	750.84	750.84	X
4	R901523953R REAR END OUTER PANEL	<i>1</i>	1.00	470.40	470.40	X
5	908924456R EMBLEM "RENAULT" REAR	<i>1</i>	1.00	121.32	121.32	X
6	R905031335R TAILGATE LOCK ASSY GS4	<i>1</i>	1.00	137.16	137.16	X
7	R850221774R/R850226425R BUMPER REAR GS4 BOSS	<i>1</i>	1.00	1,113.60	1,113.60	X
8	850189314R REAR BUMPER PAD LOWER (BLACK)	<i>1</i>	1.00	666.36	666.36	✓
9	850703057R REAR BUMPER LOWER (SIVER)	<i>1</i>	1.00	579.84	579.84	X
10	756100714R REAR BUMPER REINFORCEMENT	<i>1</i>	1.00	0.00	0.00	X
11	850476580R REAR BUMPER LOWER PAD SUPPORT CTE	<i>2</i>	2.00	97.44	194.88	X
12	850471325R REAR BUMPER LOWER SUPPORT LH	<i>1</i>	1.00	127.20	127.20	X
13	850465793R REAR BUMPER LOWER SUPPORT RH	<i>1</i>	1.00	127.20	127.20	X
14	850429618R REAR BUMPER CENTER GARNISH	<i>1</i>	1.00	399.60	399.60	X
15	240154998R REAR BUMPER SENSOR HARNESS	<i>1</i>	1.00	231.84	231.84	X
16	253A44101R REAR REVERSE SENSOR	<i>4</i>	4.00	291.60	1,166.40	X
17	265853901R REAR BUMPER LOWER REFECTOR LH	<i>1</i>	1.00	415.20	415.20	X

Continue on next page...

Munich Autocare Pte Ltd

60 Jalan Lam Huat #02-02/03 Carros Centre Singapore 737869
Tel: +65 6255 2288 | Fax: +65 6265 5388
Company Reg. No.: 201832250M | GST Reg. No.: 201832250M

ESTIMATION REPORT

Vehicle No : SMV1998U
Make & Model : RENAULT, GRAND SCENIC IV 1.5 DCI AT
EU6,VF1RFA00362895216

Estimation No. : E22090015
Date : 20/09/2022

No.	Code	Description	Qty	U/P	Amt
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Amt S\$ 9,199.10

Discount (0.00%) S\$ 0.00

Subtotal S\$ 9,199.10

Section: Special nett

18		REAR BUMPER CLIPS	6.00	7.00	42.00	X
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Amt S\$ 42.00

Discount (0.00%) S\$ 0.00

Subtotal S\$ 42.00

Section: Labour

19		TO PANAL BEATING , REALIGN DISMANTLE REAR BUMPER , REAR BOOT LID , END PANEL , FENDER REAR LH , REAR CHASSIS LH AND ALL NECESSARY ETC	1.00	1,200.00	1,200.00	200
20		TO CHECK ELECTRICAL WIRING SYSTEM OF REAR SECTION FOR PROPER FUNCTION INCLUDING ADJUSTMENT OF REAR TAILL GATE LAMP & TAIL LAMP LH/RH AND FRONT HAEADLAMP LH/RH	1.00	120.00	120.00	100
21		TO APPLY TUFF COASTING AND SPRAY ANTI RUST PROOFING REAR PORTION AND FRONT PORTION	1.00	180.00	180.00	X
22		TO REMOVE & INSTALL LUGGAGE COMPARTMENT AND SIDE FENDER INNER TRIM TO ACILITATE REPAIR	1.00	120.00	120.00	X
23		TO PUTTY & RESPRAY PAINTING REAR BUMPER ,REAR BOOT LID, END PANEL , FENDER REAR LH AND ALL NECESSARY ETC	1.00	1,000.00	1,000.00	220

Amt S\$ 2,620.00

Discount (0.00%) S\$ 0.00

Subtotal S\$ 2,620.00

Remarks:

GREAT AMERICAN INSURANCE COMPANY
DOA : 16.09.2022
TP CLAIMS

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: _____

Total S\$ 11,861.10

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	17/09/2022 09:43 (SGT)
Reported by	Driver
Date of Accident	16/09/2022 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS CITY BEFORE EXIT ALEXANDRA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1998U
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

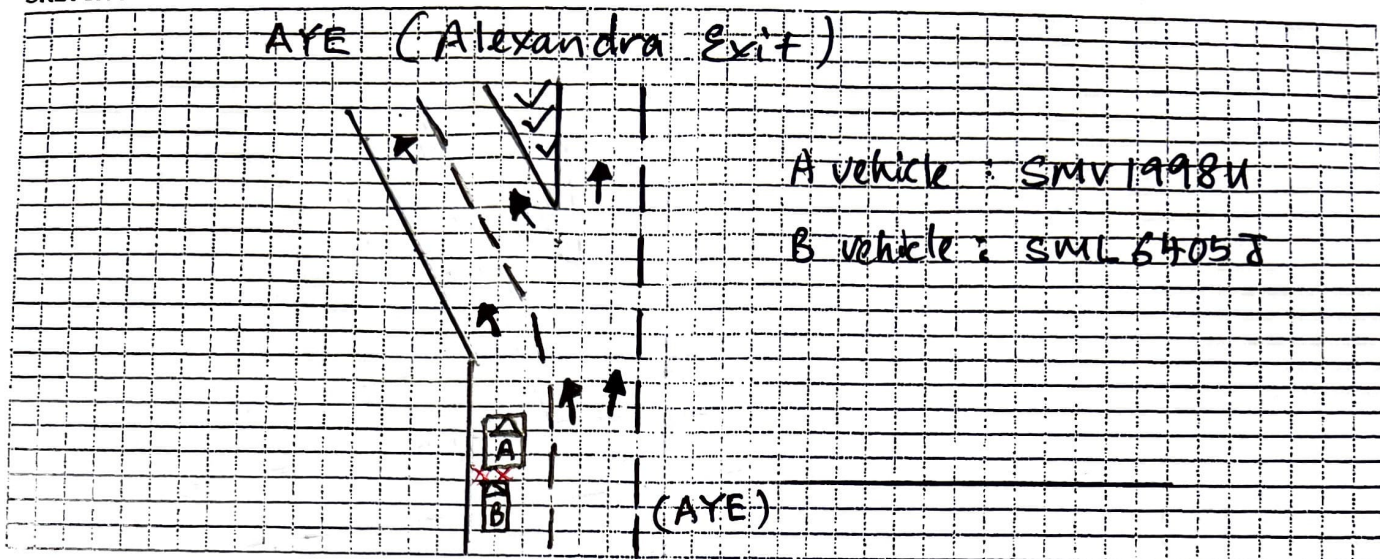
INSURANCE COMPANY

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

DRIVER

Name of Driver	MOHAMED FARIS BIN ABDUL RAHIM
NRIC No	SXXXX102D
Date Of Birth	26/02/1982
Occupation	Outdoor

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

16/09/22 @ 0730 hrs. while exiting Aye into Alexandra exit all the car in front of me make a sudden brake. I make a sudden brake to avoid hitting a car in front of me. but Toyota Noah silver colour (SML 6405J) hit my rear. There was no injuries.

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.:

