

REC BY: Steve CS/ICS 22010414/43

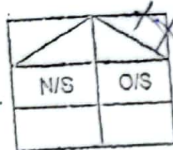
ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
☒ TP / WS / TP RES / OD RES / EVA / INV / MV  
To inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s \_\_\_\_\_  
of \_\_\_\_\_  
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.

Est. or Market Value: \_\_\_\_\_  
IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_



Veh No: SMR 8563X Yr Regt: 12/11/14  
Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /  
Truck / Trailer or  
Make: BMW 5701 c.c. 1997  
Colour: white A/C: ☒ Insured / ☐ Std / ☐ Nil / ☐ NA  
Sp. Reading: 101809 T/Radio: ☒ Insured / ☐ Std / ☐ Nil / ☐ NA  
Eng/No: \_\_\_\_\_  
C/No: WRAS A37040P335736  
Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt  
Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or  
Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or  
Modl: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or  
Tyre Size: F: 245/45R18  
R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or: Pirelli

Front Rear  
R/Bal. 4 mm R/Bal. 4 mm  
L/Bal. 4 mm L/Bal. 4 mm  
D.O.A. 16/9/22 D.O.I. 26/10/22  
Survey held at Accord Auto  
Des. of Damages: ☒ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or  
Front RH

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

Date/Time Action/Instruction

MR 63K

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / L.B.J. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$

Protes

Others

TOTAL

INSURER: **ECICS Limited (HQ)**

**PARTICULARS OF CLAIM**

Claim Type:	OD (Own Damage)	Ref. No:	
Policy No:	MPC22P00101800	Date of Loss:	16/09/2022
Vehicle Reg. No.:	SMQ8563X	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	HOGBERG FRED RICKAD ROBIN WILLIAM		

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Make/Model:	BMW 520I, 2.0 AT D/AB 2WD 4DR LED NAV (A)	Vehicle Reg. Date:	12/11/2014
Vehicle Colour:	White	Chassis No:	WBA5A32040D335236
Engine No:	A5900678N20B20B		
Odometer:	0 KM		

Paint Type:	
Total Loss?	NO
Est. Duration of Repair (day)	5

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Present Location:	ACCORD AUTO SERVICES PTE LTD (HQ)
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<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	6,483.40
Miscellaneous Items	35.00
Labour	1,100.00
Paintwork Labour	600.00
Towing	0.00
<b>Gross Total (\$\$)</b>	<b>8,218.40</b>
<b>+ GST 7.00% (\$\$)</b>	<b>575.29</b>
<b>Nett Amount (\$\$)</b>	<b>8,793.69</b>

This claim is handled by: LAI YEAN KUAN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

# REPAIR DETAILS

## Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 19 Oct 2022)  
 Parts: 143 BMW 520I 2.0 AT D/AB 2WD 4DR LED NAV (A) (Catalogue:Merimen Singapore 1.0)  
 Labour: Repairer's (Price-denominated Standard List)  
 Print Code: Accord Auto Services Pte Ltd/SMQ8563X/19/10/2022 19:03  
 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		*FRONT BUMPER / BR	0.00	0.00	*1,680.00 F
2	1		*FRONT LH BUMPER SIDE RETAINER ? *RH	0.00	0.00	*65.00 F
3	1		*FRONT BUMPER TOW COVER X	0.00	0.00	*80.00 F
4	1		*FRONT RH NUZZLE COVER ?	0.00	0.00	*85.00 F
5	1		*FRONT RH FENDER X R	0.00	0.00	*720.00 F
6	8		*FRONT FENDER SHIELD RIVET X	0.00	0.00	*24.00 F
7	1		*FRONT BUMPER SENSOR SEAL SET / MK	0.00	0.00	*40.00 F
8	1		*FRONT RH HEADLAMP / BR	0.00	0.00	*3,200.00 F

F=Franchise part.

Sub Total (\$\$) 5,894.00  
 + Margin on L,N Items 10.00% (\$\$) 589.40  
 Total Parts (\$\$) 6,483.40

Accord Auto Services Pte Ltd/SMQ8563X/19/10/2022 19:03. Not valid without Reference section.  
 Generated using Merimen e-Claims IEAS

# by kg car - ay

# Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
		<u>Miscellaneous Items</u>	35.00
1	1	FRONT BUMPER CLIPS	
Sub Total (S\$)			35.00

# Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Paintwork Labour</u>			
1	Spray Painting to All Affected Areas	New 251	600.00
<u>Labour Items</u>			
2	Labour Remove / Refix Accident Damages Parts To Knock , Jack, Cut Weld and Realign Accident Affected Area	New 600	800.00
3	Computer Diagnostic(Reset Necessary Electronic Function)	New 150	300.00
Gross Labour Cost (S\$)			1,700.00

Accord Auto Services Pte Ltd/SMQ8563X/19/10/2022 19:03. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Store (LKK)  
26/10/22, 4.17p  
OD- M AL  
EXCESS?  
PIP  
My PL y  
4 djs

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	12/10/2022 17:43 (SGT)
Reported by	Both
Date of Accident	16/09/2022 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BALESTIER ROAD TOWARDS THOMSON RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8563X
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HOGBERG FRED RICKAD ROBIN WILLIAM
NRIC No	SXXXX239F
Email Address	hogbergreg@gmail.com
Mobile Phone No	(Phone) +65-96380019
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1997

#### INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC22P00101800

#### DRIVER

Name of Driver	HOGBERG FRED RICKAD ROBIN WILLIAM
NRIC No	SXXXX239F
Date Of Birth	25/01/1984
Occupation	Indoor

Date Of Driving Pass 25/01/1984  
 Driving experience 38 YEARS AND 8 MONTHS  
 Gender Male  
 Mobile Number (Phone) +65-96380019  
 Alt. Phone Number -  
 Email Address hogbergreg@gmail.com  
 Address 9 NATHAN RD #20-03  
 Address complement -  
 Postcode 248730  
 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 Side Swipe  
 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? No  
 Was notice of intended Prosecution given? No  
 If yes, against whom? -

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ACCIDENT 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 SNF2937L  
 Vehicle Manufacturer Mercedes  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Private car  
 Name of Driver DION LO ZHEN YU  
 NRIC No SXXXX243C

Accident Number -  
Address -  
Address complement -  
Postcode -  
Insurance Company Name -  
Nature Of Damage -  
Details of property damaged in accident -  
No. Of Passenger (Including Driver) -

## SKETCH PLAN

Veh A: SMG 8563X  
Veh B: SHF 2937L

## 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\*I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIME FRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature / Date &  
Time 1:43 PM  
Sketch Plan

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

Witnessed by Reporting Centre  
Personnel



Describe Circumstances of the Accident

VER A SMG 8563X

VER B 94F 3937L

A changing lane to right from middle  
B changing lane to left from right.  
Lane

PERSON for late report.  
Veh B owner was to call me  
if report to be made after assess  
is claim bigger than 500 SGD  
excess. He did not call, I  
did not manage to get an  
estimate for repair until now.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

14/10/22 1.49pm

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



Witnessed by Reporting Centre  
Personnel