

REF: EG2/23002495/Kg

ASS. REC. BY:

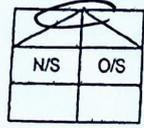
Kenneth

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
To Inspect Vehicle No: _____
at Workshop n/s: KICHIW 9411
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: 500
(Client's Record)
Make of Veh: _____

Veh No: SMA 4357B Yr Regn: 11.19
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Honda FIT c.c. 1317
Colour: M. Red A/C: Insured / Std / NI / NA
Sp. Reading: 128588 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: GK3 3422597
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / SRIm / STD A/RIm or

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 80k
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-B.1 % 3 Val.: Yes or No

Tyre Size: F: 205/55R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Turador
Front R/Bal. 8 mm Rear R/Bal. 9 mm
L/Bal. 8 mm L/Bal. 9 mm
D.O.A. 3/3/23 D.O.I. 27/3/2023
Survey held at _____

CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or

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

Table with 2 columns: Date/Time, Action/Instruction. Entry: / Unable to locate the parts.

Date/Time, File Pass to? : Prel. Report
1) : Final Report

Days Of Repair: _____
Resurvey No. of Trlp: _____

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

Table for Survey Fee breakdown: Transportation, S-RS, SI, Extras, Others, TOTAL.

Report Format:
Lump Sum / I.B.I: (\$)

CO. REG. NO: 199402370D
GST NO: M2-0123250-3

K. Kim Hin AUTO PTE LTD

金興(興)汽車私人有限公司
160 Sin Ming Drive, #02-18/19/20/21,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkimhin.com.sg

INSURER: ERGO Insurance Pte. Ltd. (HQ)

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	DMPG22015790	Date of Loss:	03/03/2023
Vehicle Reg. No.:	SMQ4357B	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	CHEE SZE WEE		

Make/Model:	HONDA FIT, 1.3 GF CVT (A)	Vehicle Reg. Date:	15/11/2019
Vehicle Colour:	RED		
Engine No:	L13B3937087	Chassis No:	GK33422597
Odometer:	0 KM		

*Not Authored
Penny Bepain
E2 85001*

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

Remarks: PLEASE APPOINT SURVEYOR. THANK YOU - SANDRA
Present Location: K KIM HIN AUTO PTE LTD (HQ)

COST OF CLAIMS	Amount
Parts	4,862.20
Miscellaneous Items	80.00
Labour	1,550.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	6,492.20
+ GST 8.00%(\$\$)	519.38
Nett Amount (\$\$)	7,011.58

This claim is handled by: SANDRA KHONG YEE TENG

AM
AIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 08 Mar 2023)
 Parts: 143 HONDAFIT 1.3 GF CVT (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: K Kim Hin Auto Pte Ltd/SMQ4357B/08/03/2023 22:41
 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	CMA 0.00	0.00	*460.00 F	✓
2	1		*FRONT BUMPER REINFORCEMENT	0.00	0.00	*180.00 F	?
3	2		*FRONT BUMPER SIDE RETAINER (LH/RH)	DIT 0.00	0.00	*18.00 F	✓
4	1		*FRONT BUMPER TOW COVER	Sm 0.00	0.00	*16.00 F	X
5	1		*FRONT BUMPER CENTRE LOWER GRILLE	0.00	0.00	*85.00 F	?
6	12		*FRONT BUMPER CLIPS	Na 0.00	0.00	*18.00 F	✓
7	2		*FRONT BUMPER FOG COVER (LH/RH)	Sm 0.00	0.00	*80.00 F	X
8	2		*FRONT BUMPER FOG COVER TOP MOULDING (LH/RH)	Sm 0.00	0.00	*48.00 F	X
9	1		*BONNET	R 0.00	0.00	*285.00 F	✓
10	2		*BONNET HINGE (LH/RH)	0.00	0.00	*70.00 F	?
11	1		*BONNET LOCK	R 0.00	0.00	*65.00 F	X
12	2		*BONNET SEAL-OUTER (LH/RH)	Sm 0.00	0.00	*36.00 F	X
13	2		*BONNET SEAL-INNER (LH/RH)	Sm 0.00	0.00	*18.00 F	X
14	6		*BONNET INSULATION CLIPS	nn 0.00	0.00	*12.00 F	X
15	2		*HEADLAMP ASSY (LH/RH)	0.00	0.00	*900.00 F	?
16	2		*HEADLAMP LOWER BRACKET	0.00	0.00	*76.00 F	?
17	1		*FRONT GRILLE	CMA 0.00	0.00	*240.00 F	✓
18	1		*FRONT GRILLE LOGO	Na 0.00	0.00	*20.00 F	✓
19	1		*FRONT GRILLE TOP GARNISH	Sm 0.00	0.00	*16.00 F	X
20	1		*FRONT GRILLE CHROME MOULDING - TOP	0.00	0.00	*125.00 F	?
21	1		*FRONT GRILLE CHROME MOULDING - LOWER	ser 0.00	0.00	*145.00 F	✓
22	6		*FRONT GRILLE CLIPS	Na 0.00	0.00	*9.00 F	✓
23	1		*AIR CON CONDENSER	0.00	0.00	*450.00 F	?
24	1		*RADIATOR	0.00	0.00	*820.00 F	?
25	2		*RADIATOR AIR GUIDE (LH/RH)	0.00	0.00	*36.00 F	?

F=Franchise part.

Sub Total (S\$) **4,228.00**
 + Margin on L,N Items 15.00% (S\$) **634.20**
Total Parts (S\$) 4,862.20

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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:

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	FRONT NUMBER PLATE	40.00
2	1	RADIATOR COOLANT	40.00
Sub Total (\$\$)			80.00

CM 40.00
40.00 ?

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	TO REMOVE, CUT OUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGN, RERIX AND TO RENEW AFFECTED PARTS	New	600.00
2	TO REMOVE AIRCON CONDENSER, PIPES AND DRIERS. VACCUM AND RECHARGE GAS	New	100.00
3	TO PUTTY AND RESPRAY ON AFFECTED PORTIONS	New	800.00
4	TO FOCUS HEADLAMPS. TO CHECK FRONT WIRING AND LIGHTING OPERATION	New	50.00
Gross Labour Cost (\$\$)			1,550.00

500

600

200

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< END OF ESTIMATES >

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	06/03/2023 21:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/03/2023 18:50 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	Bukit Timah Road towards Beauty World Centre
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ4357B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chee Sze Wee
NRIC No	SXXXX941H
Email Address	hectoronly1@gmail.com
Mobile Phone No	(Phone) +65-91001363
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1300

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22015790

DRIVER

Name of Driver	Chee Sze Wee
NRIC No	SXXXX941H
Date Of Birth	21/12/1976
Occupation	Outdoor

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 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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
 6-3-23 1030am

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


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan

