

日昇 R & S Autoclaim Pte Ltd

UEN : 202245519N

TEL : (65) 6264 7001

FAX : (65) 6264 7002

EMAIL : msautoclaim@mseng.com.sg

Address : No.13 Pioneer Sector 1.

Singapore 628424

ACCIDENT REPAIR ESTIMATE

Vehicle Reg. No. : SMN7263J
Vehicle Reg. Date: 27-Aug-2019
Make / Model : HYUNDAI AD AVANTE 1.6 GLS (A) S
Engine No. : G4FGKU199189
Chassis No. : KMHD841CMLU964467

TP INSURER : MS FC
OWN INSURER : ALLIANZ
CLAIM TYPE : TP
Date of Accident : 8/6/2023

SMN7263J

Surveyor Name and Company :

Rasul LKK

Date of survey : 13/06/23

Part by Part / Lump Sum: 5 days

Resurvey Before Paint / After Paint

Authorize/Not Authorize/Without Prejudice

Email : _____

Fax No : _____

HP No : 90010068

COST OF CLAIMS

Parts Cost / List Items :	\$	18,063.60
Plus/Less 20%	\$	3,612.72
Total Cost / List :	\$	14,450.88
Special Nett Items :	\$	365.00
Total Parts Amount :	\$	14,815.88
Total Labour Amount :	\$	4,660.00
Gross Total :	\$	19,475.88
GST % : 8%	\$	1,558.07
Nett Amount :	\$	21,033.95

This claim is handled by : MINOKO

Vehicle Reg. No. : **SMN7263J**
 Vehicle Reg. Date: **27/8/2019**
 Make / Model : **HYUNDAI AD AVANTE 1.6 GLS (A) S**
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Parts

No	Qty	PARTICULARS	CONDITION	AMOUNT	S/N	ADJUSTED AMOUNT
1	1	BOOTLID <i>repa</i>		\$ 2,032.20		
2	1	BOOTLID GARNISH UPPER <i>X nn</i>		\$ 298.70		
3	1	BOOTLID LOCK <i>X nn</i>		\$ 116.20		
4	1	BOOTLID LOCK SWITCH <i>X nn</i>		\$ 101.40		
5	1	BOOTLID CAMERA <i>X nn</i>		\$ 826.10		
6	4	BOOTLID RUBBER STOPPER <i>X nn</i>		\$ 19.20		
7	1	BOOTLID LAMP ASSY <i>X nn</i>		\$ 1,273.00		
8	1	BOOTLID LOGO <i>nn</i>		\$ 26.10		
9	1	BOOTLID EMBLEM "AVANTE" <i>nn</i>		\$ 31.20		
10	1	BOOTLID LOCK CATCH <i>X nn</i>		\$ 13.10		
11	1	BOOTLID WEATHERSTRIP <i>nn</i>		\$ 108.30		
12	1	BOOTLID INNER TRIM BOARD <i>X nn</i>		\$ 120.80		
13	1SET	BOOTLID INNER TRIM BOARD CLIPS <i>X nn</i>		\$ 60.00		
14	<i>2pc</i>	TAIL LAMP LH/RH <i>X ? cm</i>		\$ 1,753.60	<i>876.80</i>	
15	1	TAIL LAMP CLIPS <i>X ? cm</i>		\$ 4.00		
16	2	TAIL LAMP PANEL LH/RH <i>X nn</i>		\$ 386.20		
17	1	REAR BUMPER <i>de</i>		\$ 470.80		
18	1SET	REAR BUMPER CLIPS <i>nn</i>		\$ 60.00		
19	2	REAR BUMPER RETAINER LH/RH <i>X nn</i>		\$ 76.20		
20	2	REAR BUMPER REFLECTOR LH/RH <i>LH-X/RH-01</i>		\$ 100.40	<i>50.20</i>	
21	1	REAR BUMPER REFLECTOR CENTER <i>X nn</i>		\$ 201.50		
22	1	REAR BUMPER LOWER SKIRT <i>X nn</i>		\$ 340.60		
23	1SET	REAR BUMPER LOWER SKIRT CLIPS <i>X nn</i>		\$ 60.00		
24	1	REAR BUMPER REINFORCEMENT <i>? cm</i>		\$ 294.80		
25	2	REAR BUMPER STAY <i>X nn</i>		\$ 162.40		
26	2	REAR BUMPER UNDER COVER LH/RH <i>X nn</i>		\$ 67.60		
27	1	ANTENNA SENSOR <i>? cm</i>		\$ 48.60		
28	1	REAR NUMBER PLATE BASE <i>de</i>		\$ 42.10		
29	5	REAR BUMPER REINFORCEMENT BRACKET <i>4 pc cm</i>		\$ 224.00	<i>44.80</i>	
30	1	REAR END PANEL <i>repa</i>		\$ 454.60		
31	1	REAR END PANEL TOP GARNISH <i>? de</i>		\$ 69.50		
32	1SET	REAR END PANEL TOP GARNISH CLIPS <i>nn</i>		\$ 80.00		
33	1	SPARE TYRE PANEL <i>X nn</i>		\$ 713.00		
34	1	SPARE TYRE PANEL TOP BOARD <i>X nn</i>		\$ 259.10		
35	2	REAR NUMBER PLATE LAMP ASSY <i>? cm</i>		\$ 294.80		
36	2	REAR FENDER LH/RH <i>X nn</i>		\$ 3,784.00		
37	2	REAR FENDER INNER SHIELD (REAR) <i>X nn</i>		\$ 145.60		
38	2	REAR FENDER INNER SHIELD (FRONT) <i>X nn</i>		\$ 141.60		
39	2SET	REAR FENDER INNER SHIELD CLIPS <i>X nn</i>		\$ 100.00		
40	2	REAR FENDER LOWER TRIM BOARD <i>X nn</i>		\$ 418.80		

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Parts

No	Qty	PARTICULARS	CONDITION	AMOUNT	S/N	ADJUSTED AMOUNT
41	2SET	REAR FENDER LOWER TRIM BOARD CLIPS <i>Xm</i>		\$ 60.00		
42	1	EXHAUST MOUNTING <i>X nn</i>		\$ 72.40		
43	1	EXHAUST HEAT SHIELD <i>X nn</i>		\$ 103.50		
44	1	EXHAUST PIPE (REAR) <i>X nn</i>		\$ 694.00		
45	2	REVERSE SENSOR <i>? nm</i>		\$ 1,353.60	<i>200?</i>	
46	2	TAIL LAMP PAD LH/RH <i>X nn</i>			\$ 80.00	
47	1	REAR END PANEL SEALANT <i>X nn</i>			\$ 80.00	
48	1	SPARETYRE PANEL SEALANT <i>X nn</i>			\$ 80.00	
49	1	SUNDRIES <i>nm</i>			\$ 80.00	<i>20</i>
50	1	REAR NUMBER PLATE WITH FRAME <i>4r</i>			\$ 45.00	<i>35</i>
51	0	0				
52	0	0				
53	0	0				
54	0	0				
55	0	0				
56	0	0				
57	0	0				
58	0	0				
59	0	0				
60	0	0				
61	0	0				
62	0	0				
63	0	0				
64	0	0				
65	0	0				
66	0	0				
67	0	0				
68	0	0				
69	0	0				
70	0	0				
71	0	0				
72	0	0				
73	0	0				
74	0	0				
75	0	0				
76	0	0				
77	0	0				
78	0	0				
79	0	0				
80	0	0				

Labour

No	MECHANICAL / ELECTRICAL / PANEL / PAINT LABOUR	AMOUNT	ADJUSTED AMOUNT
1	To straighten and panel beating accident area. REAR Portion. BOOTLID, REAR BUMPER, REAR BUMPER LOWER SKIRT, TAIL LAMP PANEL LH/RH, REAR END PANEL, SPARETYRE PANEL, REAR FENDER LH/RH.	\$ 1,800.00	500 + 1300 = 600
2	To check and rectify wiring after disconnect and connect.	\$ 100.00	30
3	To spray rust proofing.	\$ 150.00	40
4	To remove & refit trims, upholstery to assist work load.	\$ 180.00	40
5	To transfer boot mechanism to new boot	\$ 180.00	Xm
6	To remove & refit reverse sensor	\$ 150.00	60
7	To remove & refit reverse camera	\$ 150.00	Xm
8	To remove and refit exhaust pipe.	\$ 150.00	Xm
9	To putty, respray painting and polish accident area. REAR Portion. BOOTLID, BOOTLID GARNISH, REAR BUMPER, REAR BUMPER LOWER SKIRT, REAR END PANEL, SPARETYRE PANEL, REAR FENDER LH/RH.	\$ 1,800.00	600 + 200 = 800
			1570

KKK 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	12/06/2023 16:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/06/2023 17:03 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Punggol Road before Punggol Flyover
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN7263J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SYED SALEH S/O SYED AHMAD KABEER
NRIC No	SXXXX463A
Email Address	salehh@live.com.sg
Mobile Phone No	(Phone) +65-98589351
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	AD AVANTE 1.6 GLS (A) S
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002678618-01

DRIVER

Name of Driver	SYED SALEH S/O SYED AHMAD KABEER
NRIC No	SXXXX463A
Date Of Birth	09/10/1988
Occupation	Indoor

Date Of Driving Pass	08/07/2008
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98589351
Alt. Phone Number	-
Email Address	salehh@live.com.sg
Address	Apt Blk 676C Punggol Drive
Address complement	-
Postcode	823676
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)	4
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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
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

Refer to attached sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1267K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 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 (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

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

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

Sketch Plan

Describe Circumstance of the Accident	
VEHICLE NO: 8MN 7263 J	ACCIDENT DATE & TIME: 8/6/2003 17:03
CONTACT NUMBER: 9858 9351	E-MAIL: Saleh@live.com.sg
LOCATION: Paygel Road before Paygel Flyover.	
I was stationary at the traffic junction waiting for the traffic light to turn green. When the traffic light turn green, veh in front start to move a bit. I also followed. When the veh in front stop, I also slow down my veh and stop. While stationary, I felt a very great impact from my veh rear portion. I then realised that veh B had hit onto my veh rear portion. After the impact, my wife and myself felt pain on our body areas and may seek medical attention if the pain persist. I will also maintain my 2 kids conditions.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☒ CLAIM STP AT OTHER WORKSHOP ☐ REPORTING ONLY	

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



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