

ASS. REC. BY:

REF:

105/230076031kv

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD/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.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

1-B-1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMG 9760P

Yr Regn:

02, 16

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

Truck / Trailer or

Make:

Mazda 5

C.C

1998

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

121004

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JN80W1071G 0123149

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Rim or

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

24/7/23

D.O.I.

31/7/2023

Survey held at

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

The U/C / 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

S - RS - SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

INSURER:

ECICS Limited (HQ)

**PARTICULARS OF CLAIM**

Claim Type:	OD (Own Damage)	Ref. No:	
Policy No:	MPC23B00005202	Date of Loss:	24/07/2023
Vehicle Reg. No.:	SMG9760P	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	TEO YEE YANG SAMUEL (ZHANG YIYANG)		
Make/Model:	MAZDA 5, 2.0 SP.6EAT SUNROOF (A)	Vehicle Reg. Date:	26/02/2016
Vehicle Colour:	White		
Engine No:	PE10295289	Chassis No:	JM6CW1071G0123149
Odometer:	120668 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	5-4		
Present Location:	RICARDO AUTO CENTRE PTE LTD (HQ)		

*Not Authorized  
Repair B4 painting  
Ex TBA*

COST OF CLAIMS	Amount
Parts	1,226.50
Miscellaneous Items	45.00
Labour	1,520.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$)	2,791.50
+ GST 8.00% (\$)	223.32
Nett Amount (\$)	3,014.82

This claim is handled by: GRACE TAN KIAN ANN

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## REPAIR DETAILS

### Reference

**Part Source:** (Last Synchronised: 26 Jul 2023)  
**Parts:** N/A MAZDA 5 2.0 SP.6EAT SUNROOF (A) (Model not available in database)  
**Labour:** Repairer's (Price-denominated Standard List)  
**Print Code:** Ricardo Auto Centre Pte Ltd/SMG9760P/26/07/2023 16:30  
**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		*BONNET	0.00	0.00	Rt *380.00 F
2	1		*FRONT BUMPER	0.00	0.00	CMA *400.00 F
3	1		*FRONT BUMPER CLIPS	0.00	0.00	me *25.00 F
4	1		*FRONT BUMPER MAZDA LOGO	0.00	0.00	me *20.00 F
5	1		*FRONT FENDER RH	0.00	0.00	n *145.00 F
6	1		*FRONT GRILLE	0.00	0.00	CM *145.00 F

F=Franchise part.

Sub Total (S\$) 1,115.00  
+ Margin on L,N Items 10.00% (S\$) 111.50  
Total Parts (S\$) 1,226.50

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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 survey
- 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
<b>Miscellaneous Items</b>			
1	1	FRONT NUMBER PLATE W/HOLDER (NETT)	45.00 ✓
Sub Total (\$\$)			45.00

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	TO CUT, WELD & STRAIGHTEN FRONT PORTION OF CAR CAUSED BY ACCIDENT, ADJUST & REPLACE DAMAGE PARTS.	New	400 600.00
2	TO FOCUS HEADLAMP	New	20.00 ✓
3	TO SPRAY PAINT ON REPAIRED AREA	New	600 900.00
Gross Labour Cost (\$\$)			1,520.00

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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 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. 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	24/07/2023 16:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/07/2023 07:16 (SGT)
Exact Location of Accident	Bartley Rd East, Singapore
Additional Location Information	SLIP ROAD TOWARDS AIRPORT ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG9760P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEO YEE YANG, SAMUEL (ZHANG YIYANG)
NRIC No	SXXX540B
Email Address	STYY85@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93633610
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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	1998

### INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23B00005202

### DRIVER

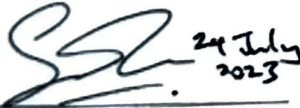
Name of Driver	TEO YEE YANG, SAMUEL (ZHANG YIYANG)
NRIC No	SXXX540B
Date Of Birth	12/12/1985
Occupation	Indoor

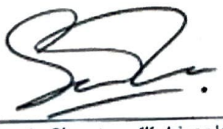


## SKETCH PLAN

### IMPORTANT NOTICE

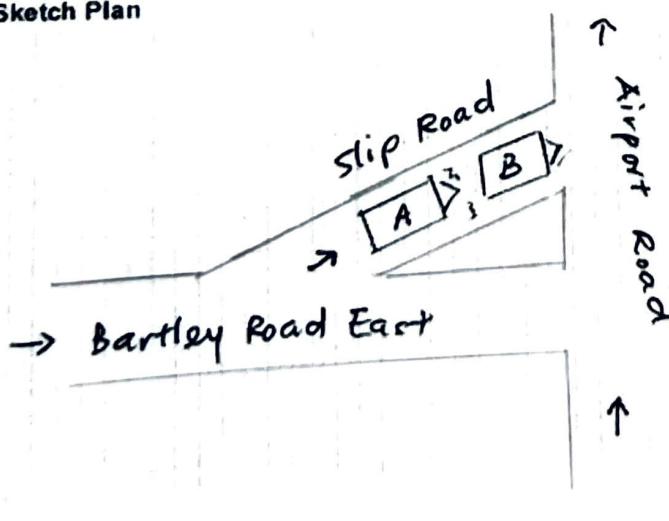
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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

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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



A: SMG 9760P

B: SMT 7714T