

ASS. REC. BY:

REF:

105/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: _____

SLG 80434

Yr Regn: _____

10, 16

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

Truck / Trailer or

Make: _____

NIS Rylph

C.C

1598

Colour _____

M. Silver

AC:

Insured / Std / NI / NA

Sp. Reading _____

240186

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

MNTBBAAB17.8 0027848

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: _____

R: _____

195/60R16

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal. _____

P

mm

R/Bal. _____

7

mm

L/Bal. _____

P

mm

L/Bal. _____

7

mm

D.O.A. _____

28/7/23

D.O.I. _____

3/8/2023

Survey held at _____

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

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

Date / Time

Action / Instruction

1 / w/csp unable to locate part.

Date/Time, File Pass to?

☐

: Prel. 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 (\$

S - RS. SI

F. P. 100

Others

TOTAL

Report Format:

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

Accord Auto Services Pte Ltd (Co.Reg.No:201113141K)10 Ang Mo Kio Ind Park 2A #03-11, AMK Auto Point
Singapore 568047

Tel: 64819517/85715140 Fax: 64819515 Email: admin@mycarworkshop.com.sg

INSURER:

ECICS Limited (HQ)**PARTICULARS OF CLAIM**

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	MPC22B00040000	Date of Loss:	28/07/2023
Vehicle Reg. No.:	SLG8043U	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	ANG QUEE BENG	Contact No:	+6597594002
Driver:	ANG QUEE BENG		
Make/Model:	NISSAN SYLPHY, 1.6 CVT ABS D/AIRBAG 2WD 4DR (A)	Vehicle Reg. Date:	13/10/2016
Vehicle Colour:	SILVER	Chassis No:	MNTBBAB17Z0027848
Engine No:	HR16992555B		
Odometer:	239760 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	5/4		
Present Location:	ACCORD AUTO SERVICES PTE LTD (HQ)		

Not Authorize
Returning B4paim
Ex TBA
4dgs

COST OF CLAIMS

	Amount
Parts	8,061.79
Miscellaneous Items	295.00
Labour	2,720.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	11,076.79
+ GST 8.00% (S\$)	886.14
Nett Amount (S\$)	11,962.93

This claim is handled by: ADMIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

7/31/23, 3:49 PM

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 31 Jul 2023)
 Parts: 143 NISSAN SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: (Unsubmitted, no print-code for SLG8043U)
 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	
				0.00	0.00	*1,137.90 F	X
1	1		*FRONT BONNET	0.00	0.00	*137.40 F	X
2	2		*FRONT BONNET HINGE	0.00	0.00	*86.60 F	7
3	1		*FRONT BONNET LOCK	0.00	0.00	*80.00 F	X
4	2		*FRONT BONNET SEAL	0.00	0.00	*8.00 F	X
5	1		*FRONT BONNET STOPPER	0.00	0.00	*120.00 F	1
6	1		*FRONT BONNET INSULATOR	0.00	0.00	*450.00 F	1
7	1		*FRONT HEADLAMP LH	0.00	0.00	*50.40 F	7
8	1		*FRONT HEADLAMP LOWER BRACKET LH	0.00	0.00	*450.00 F	7
9	1		*FRONT HEADLAMP RH	0.00	0.00	*50.40 F	X
10	1		*FRONT HEADLAMP LOWER BRACKET RH	0.00	0.00	*350.00 F	1
11	1		*FRONT GRILLE BASE	0.00	0.00	*350.00 F	7
12	1		*FRONT GRILLE OUTER GARNISH	0.00	0.00	*700.00 F	1
13	2		*FRONT GRILLE CHROME	0.00	0.00	*50.00 F	1
14	1		*FRONT EMBLEM	0.00	0.00	*350.00 F	1
15	1		*FRONT BUMPER	0.00	0.00	*350.00 F	1
16	1		*FRONT BUMPER SIDE RETAINER LH	0.00	0.00	*30.00 F	X
17	1		*FRONT BUMPER SIDE RETAINER RH	0.00	0.00	*30.00 F	X
18	1		*FRONT BUMPER LOWER GRILLE	0.00	0.00	*140.00 F	X
19	1		*TOWING COVER	0.00	0.00	*25.00 F	1
20	1		*FRONT BUMPER LOWER LIP	0.00	0.00	*150.00 F	1
21	1		*FRONT LH FOGLAMP GARNISH	0.00	0.00	*60.00 F	X
22	1		*FRONT RH FOGLAMP GARNISH	0.00	0.00	*60.00 F	1
23	1		*FRONT REINFORCEMENT BAR	0.00	0.00	*636.70 F	7
24	1		*FRONT BUMPER SPONGE	0.00	0.00	*125.00 F	7
25	1		*RADIATOR	0.00	0.00	*550.00 F	X
26	1		*RADIATOR FAN MOTOR	0.00	0.00	*180.00 F	1
27	1		*RADIATOR COWLING	0.00	0.00	*241.50 F	X
28	1		*AIRCON CONDENSOR	0.00	0.00	*550.00 F	7
29	1		*AIRCON CONDENSOR FAN MOTOR	0.00	0.00	*180.00 F	X

F=Franchise part.

Sub Total (\$\$) 7,328.90
 + Margin on L,N Items 10.00% (\$\$) 732.89

Total Parts (\$\$) 8,061.79

Report was unsubmitted during this print-out.
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IMPORTS on Miscellaneous Items

1. Please
2. This
3. Information
4. Miscellaneous Items

Amount

4	ENGINE UNDER COVER CLIPS	NA	45.00	X
5	FRONT BONNET INSULATOR CLIPS	NA	50.00	X
6	FRONT BUMPER CLIPS	NA	45.00	X
1	FRONT LH FENDER INNER SHIELD CLIPS	NA	70.00	X
2	FRONT NUMBER PLATE WITH FRAME	NA	50.00	X
1	FRONT RH FENDER INNER SHIELD CLIPS	NA	35.00	X
Sub Total (\$\$)			295.00	

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1	SPRAY PAINT ON ALL AFFECTED AREA	New	1,000.00	600
2	LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK,JACK,CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	New	1,000.00	500
3	TO CHECK WIRING SYSTEM	New	120.00	20
4	TO APPLY ANTI RUST TREATMENT	New	120.00	20
5	TO REMOVE/REFIX/REPLACE RADIATOR COWLING ASSY,AIRCON CONDENSOR (PIPING,HOSE,TOP UP AIRCON GAS, REFILL COOLANT & ETC)	New	200.00	7
6	TO REMOVE/REFIX NECESSARY ATTACHMENT SUPPORT PANEL	New	280.00	7
Gross Labour Cost (\$\$)			2,720.00	

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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 First Submission	28/07/2023 17:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/07/2023 12:05 (SGT)
Exact Location of Accident	Near 429A Yishun Ave 11, Singapore 761429
Additional Location Information	YISHUN AVE 6 TOWARDS YISHUN AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8043U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG QUEE BENG
NRIC No	SXXXX254H
Email Address	QUEEBENG@GMAIL.COM
Mobile Phone No	(Phone) +65-97594002
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1598

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC22B00040000

DRIVER

Name of Driver	ANG QUEE BENG
NRIC No	SXXXX254H
Date Of Birth	19/07/1963
Occupation	Indoor

VEH A: SLG8043U
VEH B: GBG8025
VEH C: -

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.

[Signature] 28/7/2023

Policyholder's Signature / Date & Time

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

[Signature] 28/7/2023

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



Sketch Plan

