



**Ding Auto Pte Ltd** (Co.Reg.No:201311788Z)  
 176 Sin Ming Drive #04-06, Sin Ming Autocare  
 Singapore 575721

Tel: 64521208 Fax: 64520614 Email: ding@dingauto.sg;kenneth.ding@dingauto.sg

INSURER: **Allianz Insurance Singapore Pte. Ltd. (HQ)**

**PARTICULARS OF CLAIM**

Claim Type:	OD (Own Damage)	Ref. No:	
Policy No:	SP2006541754	Date of Loss:	27/07/2023
Vehicle Reg. No.:	SNL2771R	Driveable?	
Driver Age/Info:	26 / FEMALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	GETGO SG SPV B PTE LTD		
Driver:	NURUL HUDA BINTIE HASSAN		
Make/Model:	SUZUKI SWIFT, 1.2 GLX CVT (A)	Vehicle Reg. Date:	23/06/2023
Vehicle Colour:	Red		
Engine No:	K12D1236528	Chassis No:	JSAAZCA3S00584756
Odometer:	0 KM		
Paint Type:			<i>NOT AUTHORIZED</i>
Total Loss?	NO		<i>Repair by party</i>
Est. Duration of Repair (day)	<i>14 5 days</i>		<i>Ex @ 2000h</i>
Description of Accident/Loss	COLLIDED INTO SIDE KERB		
Present Location:	DING AUTO PTE LTD (HQ)		

**COST OF CLAIMS**

	<b>Amount</b>
Parts	5,938.00
Miscellaneous Items	430.00
Labour	1,380.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>7,748.00</b>
<b>+ GST 8.00% (S\$)</b>	<b>619.84</b>
<b>Nett Amount (S\$)</b>	<b>8,367.84</b>

This claim is handled by: LYNN YAP WEI LIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

# REPAIR DETAILS

## Reference

Part Source: MRM-SG      Version: 1.0 (Last Synchronised: 03 Aug 2023)  
 Parts: 144      SUZUKI SWIFT 1.2 GLX CVT (A) (Catalogue:Merimen Singapore 1.0)  
 Labour: Repairer's      (Price-denominated Standard List)  
 Print Code: Ding Auto Pte Ltd/SNL2771R/03/08/2023 11:47  
 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	CM	0.00	0.00	*950.00 F ✓
2	1		*FRONT BUMPER BRACKET LHS	DTI	0.00	0.00	*15.00 F ✓
3	1		*FRONT FENDER INNERSHIELD LHS	T <sub>1</sub>	0.00	0.00	*120.00 F ✓
4	1		*FRONT RIM LHS	RU	0.00	0.00	*800.00 F ✓
5	1		*FRONT ABSORBER LHS		0.00	0.00	*380.00 F ✓
6	1		*FRONT ABSORBER MOUNTING LHS		0.00	0.00	*28.00 F ✓
7	1		*FRONT LOWER ARM LHS	R <sub>1</sub>	0.00	0.00	*270.00 F ✓
8	1		*FRONT ABS SENSOR LHS		0.00	0.00	*220.00 F ✓
9	1		*FRONT LINKAGE LHS	D17	0.00	0.00	*100.00 F ✓
10	1		*FRONT FENDER LHS	R <sub>1</sub>	0.00	0.00	*320.00 F ✓
11	1		*FRONT KNUCKLE LHS	R <sub>1</sub>	0.00	0.00	*340.00 F ✓
12	1		*FRONT DISC ROTOR LHS		0.00	0.00	*130.00 F ✓
13	1		*FRONT BRAKE PAD LHS	RU	0.00	0.00	*170.00 F X
14	1		*FRONT CALIPER LHS	RU	0.00	0.00	*510.00 F X
15	1		*FRONT WHEEL BEARING HUB WITH BEARING LHS	R <sub>1</sub>	0.00	0.00	*420.00 F ✓
16	1		*DRIVE SHAFT LHS	R <sub>1</sub>	0.00	0.00	*900.00 F ✓
17	1		*TIE ROD END LHS		0.00	0.00	*95.00 F ✓
18	1		*TIE ROD ARM LHS		0.00	0.00	*80.00 F ✓
19	1		*TIE ROD BALL JOINT LHS		0.00	0.00	*90.00 F ✓
<b>Total Parts (S\$)</b>						<b>5,938.00</b>	

F=Franchise part.

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### Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<b>Miscellaneous Items</b>			
1	1	FRONT BUMPER & FRONT FENDER INNERSHIELD LHS CLIPS	100.00
2	1	FRONT TYRE LHS	250.00
3	1	WHEEL ALIGNMENT	80.00
<b>Sub Total (S\$)</b>			<b>430.00</b>

*Handwritten notes: 'Pr' next to item 1, 'NZ' next to item 2, '9025N' and '601' next to item 3.*

### Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	LABOUR TO REMOVE & INSTALL - UNDERCARRIAGE ITEMS	New	500.00
2	REPAIR, PANEL BEAT & STRAIGHTEN - ACCIDENT AREAS	New	500.00
3	SPRAY PAINT - FRONT BUMPER	New	300.00
4	RUST PROOFING	New	80.00
<b>Gross Labour Cost (S\$)</b>			<b>1,380.00</b>

*Handwritten notes: '200d' next to item 1, '40d' next to item 2, 'NZ' next to item 4, and 'X' next to item 4.*

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# 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 17:57 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 27/07/2023 13:15 (SGT)  
Exact Location of Accident ..... Guillemard Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNL2771R

## INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GETGO SG SPV B PTE LTD  
Company Reg No ..... 2XXXXX512G  
Email Address ..... fleet@getgo.sg  
Mobile Phone No ..... (Phone) +65-31585889  
Alternative Phone No ..... -

## VEHICLE PARTICULARS

Manufacturer ..... Suzuki  
Model ..... Swift  
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 ..... 1197

## INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2006897688

## DRIVER

Name of Driver ..... NURUL HUDA BINTE HASSAN  
NRIC No ..... SXXXX549A  
Date Of Birth ..... 23/12/1996  
Occupation ..... Outdoor

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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:

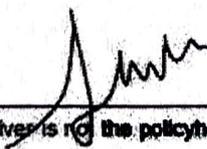
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

27072023  
2010



FLASH ACCIDENT  
REPORTING OFFICER  
FAIRAN

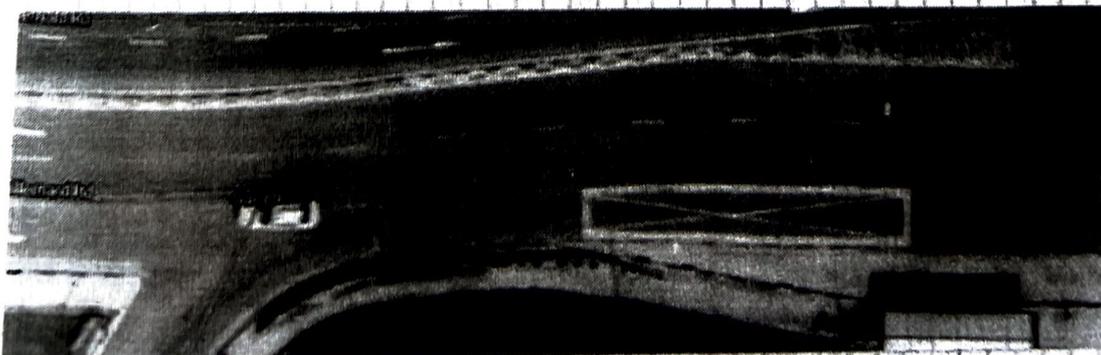


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



A- SNL2771R  
B- KERB

**Describe Circumstances of the Accident**

ON THIS DATE 27072023 AROUND 1315 IM DRIVING SNL2771R ALONG GUILLEMARD ROAD WITH 1 FEMALE PASSANGER. AS I WAS DRIVING ON THE ON THE SECOND LANE SHORTLY AFTER I FELT THE STEERING WAS SHAKING AND I START TO LOSE OF THE VEHICLE AND MOUNT THE KERB. NO INJURIES

**Declaration**

We declare the foregoing particulars are true in every respect.

27072023  
2010



FLASH ACCIDENT  
REPORTING OFFICER  
FAIRAN 