ASS. REC. BY: Kenneth

REF: C/ICS 2409004?1 K9P3

C

ASSIGNMENT

From: ________ Date: ________

Estimated Cost: ________

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: ________

at Workshop m/s CDGE

of ________

Insured: ________

Policy No. ________

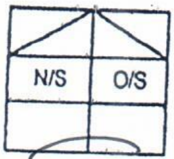
Claims No. ________

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: 8176K

IDAC Accident Rport: ________ Consistent? : Yes or No

GIA / PR Seen: ________ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 1.B. /% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: ________ Person Contacted: ________ Vehicle: IN / OUT

Veh No: SNK 1927 X Yr Regn: 03, 23

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) : Wagon

Make: NIS Serena c.c 1198

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp.Reading: 96172 T/Radio: Insured / Std / NI / NA

Eng/No: ________

C/No: JN1EBAC27Z0001749

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ________

Brake: Inorder / Jammed / Leaked / Burnt or ________

Modi: Nil / S/Rim / STD A/Rim or ________

Tyre Size: F: 195/60R16

R: ________

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Davanti

Front			Rear		
R/Bal.	8	mm	R/Bal.	8	mm
L/Bal.	8	mm	L/Bal.	8	mm

D.O.A. 28/8/24 D.O.I. 3/9/2024

Survey held at ________

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
28/10	® 4932.60 Calw (Red ® 2369, 32%)

Date/Time, File Pass to? 1) ________ ☐ : Prell. Report

Date/Time, File Return to? 2) ________ ☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ ________)

☐ : Interview ($ ________)

☐ Tech Invs ($ ________)

☐ Weekend ($ ________)

Survey Fee: ________

Transportation ___ S + RS.___ SI ________

Fotos ________

Others ________

TOTAL ________

Report Format : MER-TP

Lump Sum / I.B.I: ($ 4932.60)

SPARK CAR CARE
ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TP(ECICS)

Ins Company : III

Excess :

Date of Accident : 28/8/2024

Suggested Days of Repair :

Vehicle No. : SNK1927X

Make & Model : NISSAN SERENA

Year of Manufacture : 2023

Chassis No. : JN1EBAC27Z0001749

Engine No. : HR12227635L

Policy No. :

Time of Accident :

In-house Vehicle Assessor

Case Owner : KELVIN

Signature :

Repair Estimates

Parts (a) Cost / List Price Items		$ 5,774.00
Plus/Less 10%		$ 577.40
Total of Cost / List		$ 5,196.60
(b) Nett Price Items		
Less		
Total of Nett Item		
(c) Special Nett Items		$ 105.00
Total Parts Cost (Appendix A)		$ 5,301.60
Labour (Appendix B)		$ 2,000.00
Total Repair Cost		$ 7,301.60

The above total will be subjected to 9% G.S.T.

Operation
KELVIN SU
TEL: 9786 4236
E: kelvinsukwen@cdge.com.sg

SUN PIN
TEL: 9728 8916
E: oisunpin@cdge.com.sg

Not Authorise
Resurvey Required
@ 4932.60

Name of Surveyor : Kenneth

Company : CIC

Survey conducted on : 3/9/24 at

Remarks By Surveyor

(a) The repair of this vehicle is ~~authorized~~ / is not authorized until further notice.

(b) Recommended Days of Repair : 05 day(s)

(c) Resurvey : Required / ~~Not Required~~

(d) Excess :$

(e) Signature of surveyor : Le Date: 3/9/24

Spark Car Care

ComfortDelGro Engineering Pte Ltd
205 Braddell Road S (579701)
Tel: 63837168 / 63837466 Fax:62815767

Spare Parts

Vehicle No : **SNK1927X**
Case Owner : **KELVIN**
Make & Model : **NISSAN SERENA**
Year Manufacture : **2023**
Chassis No : **JN1EBAC27Z0001749**
Engine No : **HR12227635L**
Sales Order :
Supplier :
Order By : **KELVIN**
Type of Claim : **TP(ECICS)**

S/No	DESCRIPTION	QTY	Cost Price	List Price	S/N	Disposition By Surveyor
1	REAR BUMPER	1		$ 1,575.00		—
2	REAR BUMPER CLIPS	10		$ 55.00		—
3	RHR BUMPER RETAINER	1		$ 45.00		X
4	LHR BUMPER RETAINER	1		$ 45.00		—
5	REAR TAILGATE 1939	1		$ 1,939.00		—
6	TAILGATE WEATHERSTRIP	1		$ 120.00		—
7	EMBLEM"HIGHWAY STAR"	1		$ 75.00		—
8	EMBLEM"E-POWER"	1		$ 105.00		—
9	EMBLEM"NISSAN"	1		$ 95.00		X
10	REAR W/S MLDG	1		$ 120.00		X
11	REVERSE SENSOR	4		$ 960.00		X
12	SENSOR BRACKET	1		$ 640.00		X
13	INNER SEAL	1			$ 30.00	x nn
14	SEALANT	1			$ 40.00	—
15	REAR NO.PLATE	1			$ 35.00	X
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

KK 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:

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Spark Car Care

ComfortDelGro Engineering Pte Ltd
205 Braddell Road S (579701)
Tel: 63837168 / 63837466 Fax: 62815767

Labour

Vehicle No. : **SNK1927X** Case Owner : **KELVIN**

Make & Model : **NISSAN SERENA** Year of Manufacture : **2023**

S/No	Labour Description	Esimated Price	Adjusted Price
1	TO KNOCK & STRAIGHTEN ON ACCIDENT AREA, TO REMOVE &	$ 750.00	600
	REFIT DAMAGE PARTS		
2	TO PUTTY,RESPRAY ON REAR BUMPER,REAR TAILGATE	$ 1,000.00	600
	REAR END PANEL,AFFECTED AREA		
3	TO REMOVE/REFIT REAR WINDSCREEN	$ 120.00	✓
4	TO TUFF COAT ON WELD AREA	$ 80.00	30
5	TO CHECK WIRING, REFIT REVERSE SENSOR, TAILLAMP	$ 50.00	20

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	775H
Vehicle Details	
Vehicle No.:	SNK1927X
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Sep 2024
Vehicle Make:	NISSAN
Vehicle Model:	SERENA 1.2L HIGHWAY STAR PREMIUM E-POWER
Primary Colour:	Grey
Secondary Colour:	Black
Manufacturing Year:	2023
Engine No.:	HR12227635L
Chassis No.:	JN1EBAC27Z0001749
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	$26,041.00
Original Registration Date:	27 Mar 2023
First Registration Date:	27 Mar 2023
Transfer Count:	0
Actual ARF Paid:	$13,458.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Mar 2033
PARF Rebate Amount:	$10,093.00
Intended COE Rebate Details	
COE Expiry Date:	26 Mar 2033
COE Category:	B - Car-Details at OneMotoring
COE Period(Years):	10
QP Paid:	$115,501.00
COE Rebate Amount:	$98,889.00
Total Rebate Amount:	**$108,982.00**
Message	
You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.	

The information contained herein is correct as at 03 Sep 2024

OK

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 witholding 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	29/08/2024 15:52 (SGT)
Reported by	Actual Driver
Date of Accident	28/08/2024 21:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	CHANGI- EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK1927X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO RENT A CAR PTE LTD
Company Reg No	1XXXXX775H
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-80660086
Alternative Phone No	(Office) +65-81337662

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Serena
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1198
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MFL0003414_04

DRIVER

Name of Driver	MUHAMMAD REDUWAN BIN OSMAN
NRIC No	SXXXX654H
Date Of Birth	21/07/1975
Occupation	Outdoor
Driving Pass Date	15/02/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80660086
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	55 WOODLANDS DR 53 #03-39
Address complement	-
Postcode	730555
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	2
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	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

ON THE 28/08/24 AT ABOUT 2145HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SNK1927X) ALONG PIE CHANGI- EUNOS ENROUTE FROM JURONG WEST ST 61 TOWARDS CHANGI AIRPORT T1 TO DROP OFF PASSENGER. WHILE DRIVING ALONG PIE CHANGI- EUNOS I NOTICED THAT VEHICLE INFRONT ME JAMMED BRAKE AS I MANAGE TO STOP ON TIME BUT UNFORTUNATELY VEHICLE B (SJH1752X) COULDN'T MANAGED TO STOP ON TIME AND REAR ENDED ONTO VEHICLE A. VEHICLE A HAD DAMAGE ON REAR PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH1752X
Vehicle Manufacturer	Hyundai
Vehicle Model	HD AVANTE 1.6 A
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR PATRICK
Contact Number	(Phone) +65-97697661
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 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.

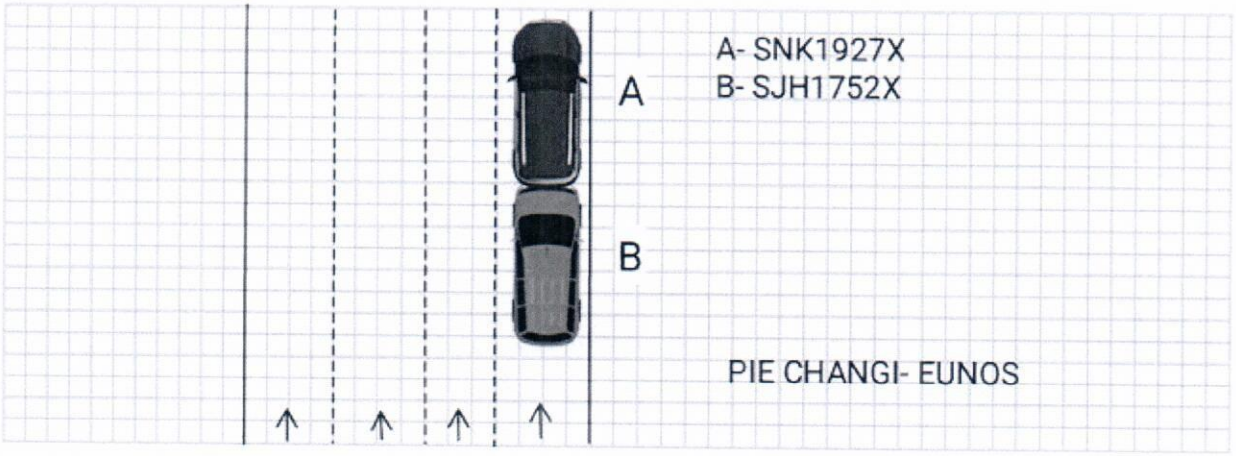
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

290824- 0200HRS



SKETCH PLAN #2

Describe Circumstances of the Accident

ON THE 28/08/24 AT ABOUT 2145HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SNK1927X) ALONG PIE CHANGI- EUNOS ENROUTE FROM JURONG WEST ST 61 TOWARDS CHANGI AIRPORT T1 TO DROP OFF PASSENGER. WHILE DRIVING ALONG PIE CHANGI- EUNOS I NOTICED THAT VEHICLE INFRONT ME JAMMED BRAKE AS I MANAGE TO STOP ON TIME BUT UNFORTUNATELY VEHICLE B (SJH1752X) COULDN'T MANAGED TO STOP ON TIME AND REAR ENDED ONTO VEHICLE A. VEHICLE A HAD DAMAGE ON REAR PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

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
290824- 0200HRS

Witnessed by Reporting Centre Personnel