

ASS. REC. BY:

REF:

Tm1

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_ Cam Del

of \_\_\_\_\_ 399A

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: 8101K

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1-31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SUB 3833R Yr Regn: 05, 21

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

Truck / Trailer or

Make: Toyotas A/T's c.c. 1598

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

Sp. Reading: 59566 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MR 23E 3BE 8 000 14758

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 205/55R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 18/9/24

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report☐ : Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

S - RS. SI

F. P. A. S.

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) \_\_\_\_\_



ComfortDelGro Engineering

205 Braddell Road S(579701)

**ACCIDENT REPAIR ESTIMATES**

Our Ref:

Type of Claim : TPVehicle No. : SLB3833RMake & Model : TOYOTA ALTISYear of Manufacture : 2021

Chassis No. : \_\_\_\_\_

Engine No. : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Time of Accident : \_\_\_\_\_

Ins Company : \_\_\_\_\_

Excess : \_\_\_\_\_

Date of Accident : 18.09.24Suggested Days of Repair : 4In-house Vehicle Assessor**Repair Estimates**Case Owner : HAKIMSignature : 98328740Parts (a) Cost / List Price Items \$ 3,158.00Plus/Less 25% \$ 789.50Total of Cost / List \$ 2,368.50

(b) Nett Price Items \_\_\_\_\_

Less \_\_\_\_\_

Total of Nett Item \_\_\_\_\_

(c) Special Nett Items \_\_\_\_\_

Total Parts Cost (Appendix A) \$ 2,368.50Labour (Appendix B) \$ 1,250.00Total Repair Cost \$ 3,618.50

Contact No  
Operation  
KELVIN SU  
TEL: 9786 4236  
E: kelvinsukwen@cdge.com.sg

JOHARI  
TEL: 972103705  
E: joharibh@sparkcarcare.com

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

*Not Authorised  
Penny Bepain*

The above total will be subjected to 8% G.S.T.

Name of Surveyor : Kenneth  
Company : LKIC  
Survey conducted on : 27/9/24 at \_\_\_\_\_

**Remarks By Surveyor**

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

(b) Recommended Days of Repair : 04 day(s)(c) Resurvey : Required / ~~Not Required~~

(d) Excess : \$ \_\_\_\_\_

(e) Signature of surveyor : De Date: 27/9/24

# Spark Car Care

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

## Spare Parts

Vehicle No : SLB3233R Case Owner : HAKIM  
Make & Model : TOYOTA ALTIS Year Manufacture : 2021  
Chassis No : MR2BE3BE600014756 Engine No : \_\_\_\_\_  
Sales Order : \_\_\_\_\_ Supplier : \_\_\_\_\_  
Order By : \_\_\_\_\_ Type of Claim : TP

| S/No | Part Description     | QTY | Cost Price | List Price | Nett Price | S/N | Disposition By Surveyor |
|------|----------------------|-----|------------|------------|------------|-----|-------------------------|
| 1    | FRT HOOD             |     |            | \$ 870.00  |            |     | ✓                       |
| 2    | FRT HOOD INSULATOR   |     |            | \$ 260.00  |            |     |                         |
| 3    | FRT HOOD LOCK        |     |            | \$ 140.00  |            |     | X                       |
| 4    | FRT HOOD RUBBER      |     |            | \$ 128.00  |            |     | X                       |
| 5    | FRT BUMPER LH CHROME |     |            | \$ 90.00   |            |     | X                       |
| 6    | WIPER GARNISH        |     |            | \$ 770.00  |            |     | ✓                       |
| 7    | LH HEADLAMP          |     |            | \$ 900.00  |            |     | ✓                       |
| 8    |                      |     |            |            |            |     |                         |
| 9    |                      |     |            |            |            |     |                         |
| 10   |                      |     |            |            |            |     |                         |
| 11   |                      |     |            |            |            |     |                         |
| 12   |                      |     |            |            |            |     |                         |
| 13   |                      |     |            |            |            |     |                         |
| 14   |                      |     |            |            |            |     |                         |
| 15   |                      |     |            |            |            |     |                         |
| 16   |                      |     |            |            |            |     |                         |
| 17   |                      |     |            |            |            |     |                         |
| 18   |                      |     |            |            |            |     |                         |
| 19   |                      |     |            |            |            |     |                         |
| 20   |                      |     |            |            |            |     |                         |
| 21   |                      |     |            |            |            |     |                         |
| 22   |                      |     |            |            |            |     |                         |
| 23   |                      |     |            |            |            |     |                         |
| 24   |                      |     |            |            |            |     |                         |
| 25   |                      |     |            |            |            |     |                         |
| 26   |                      |     |            |            |            |     |                         |
| 27   |                      |     |            |            |            |     |                         |
| 28   |                      |     |            |            |            |     |                         |
| 29   |                      |     |            |            |            |     |                         |
| 30   |                      |     |            |            |            |     |                         |
| 31   |                      |     |            |            |            |     |                         |
| 32   |                      |     |            |            |            |     |                         |
| 33   |                      |     |            |            |            |     |                         |
| 34   |                      |     |            |            |            |     |                         |
| 35   |                      |     |            |            |            |     |                         |
| 36   |                      |     |            |            |            |     |                         |
| 37   |                      |     |            |            |            |     |                         |

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:



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

Vehicle No. : SLB3833R Case Owner : HAKIM  
Make & Model : TOYOTA ALTIS Year of Manufacture : \_\_\_\_\_

*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.*

## 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        | 19/09/2024 16:34 (SGT)                                           |
| Reported by                     | Both Policyholder and Actual Driver                              |
| Date of Accident                | 18/09/2024 12:20 (SGT)                                           |
| Exact Location of Accident      | Singapore                                                        |
| Additional Location Information | 10 ADMIRALTY ST NORTHSORE LINK BUILDING<br>LOADING/UNLOADING BAY |
| Country/State of Loss           | Singapore                                                        |

### DETAILS OF OWN VEHICLE

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SLB3833R                      |
| INSURED/POLICYHOLDER        |                               |
| Is company?                 | No                            |
| Name Of Registered Owner    | TENG PARTICIA                 |
| NRIC No                     | SXXXX399A                     |
| Email Address               | PATRICIA_TENG@POLYGUIP.COM.SG |
| Mobile Phone No             | (Phone) +65-97393383          |
| Alternative Phone No        | -                             |

### VEHICLE PARTICULARS

|                                                                              |                           |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer                                                                 | Toyota                    |
| Model                                                                        | Corolla                   |
| 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                                                                           | 1500                      |
| Vehicle Fuel                                                                 | -                         |
| First Registration Date                                                      | -                         |
| Chassis no                                                                   | -                         |
| Effective Date/Time of Ownership                                             | -                         |

### INSURANCE COMPANY

|                                   |                                         |
|-----------------------------------|-----------------------------------------|
| Name of Insurance Company         | Great Eastern General Insurance Limited |
| Policy Number / Cover Note Number | V5014318                                |

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 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

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

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

Sketch Plan

18/9/24  
4:47pm

