ASS. REC. BY:	
	EIGNMENT
From: Date:	Veh No: SMU 36986 Yr Regn: 06, 19
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TP/WS/TP RES/OD RES/EVA/INV/MY	Truck / Trailer or A . Wagon
To Inspect Vehicle No:	Make: Peu Scot 5008 C.G 1598
at Workshop m/s	Colour M. Blvc A/C: Insured / Std / NI / NA
of 915E	Sp.Reading // 26/3 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: VF 3M45 G ZWJ L 052361
Claims No.	Gen. Cohd: Geod/ Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inores / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nii / S/Rim / STD A/Rim or Tyre Size: F: 275/55R18
9.30an	Tyre Size: F: 2007/35/8/8
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU (PR) SUM
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value: 8/4/	Fron! D Rear D
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 0 mm R/Bal. 0 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. Mm L/Bal. mm
Est. Repairs: 03 days Res.: Yes or No	D.O.A. 17/11/24 D.O.I. 21/11/2024
i Lum Sum: / 1/3/ % 3 Val.: Yes or No	Survey held at
A. (DEC / DEC / DATE	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Ols Rea bods
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	designation of the second section of the
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	AND THE WARRIED CONTRACTOR AND A COMMENT OF THE PARTY OF
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ato/Timo, File Pass to? Proli Bonort	The second section of the second section of the second section of the second section s
Preli. Report D	ays Of Repair:
: Final Report	esurvey No. of Trip: Survey Fee:
ta/lime, File Return to?	Transportation
A al al Page	
Add Fee:	: Site Insp (\$)s - Rssi
, i	: Interview (\$), Finds
ort Format :	
p Sum / I.B.I: (\$	Weekend (\$
The second of th	
	TOTAL

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

205 Braddell Road
Singapore 579701

Tel: 63837613 Fax: 62815767/65462533 Email:
tanpw@cdge.com.sg;kelvinsukwen@cdge.com.sg;oisunpin@cdge.com.sg;joharibh@sparkcarcare.com;kristytay@sparkcarcare.com

TP INSURER: TAY KIAN AUN Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

			3
PARTICULARS OF CLAIM			
Claim Type: Policy No: Vehicle Reg. No.: Party At Fault:	THIRD PARTY SMU3698C UNKNOWN	Ref. No: Date of Loss: Driveable?	17/11/2024 YES
Make/Model: Vehicle Colour: Engine No: Odometer:	PEUGEOT 5008, 1.6 ALLURE 1.6 E-THP EAT6 (A) BLUE 10FJCS2475645 112452 KM	Vehicle Reg. Date: Gen Condition: Chassis No:	10/06/2019 EXCELLENT VF3M45GZWJL052361 Norhorh
Paint Type: Total Loss? Est. Duration of Repair (day)	NO 3	Renny	Afer Pain
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (BRAD	DELL)	
			Amount
OST OF CLAIMS			2,655.00
arts Iiscellaneous Items			12.00 1,600.00
abour aintwork Labour			00.0 00.0
owing		ross Total (S\$) ST 9.00% (S\$)	4,267.0 0 384.0
		t Amount (S\$)	4,651.0

Nett Amount (S\$)

This claim is handled by: ABDUL HAKIM BIN ABDUL HAMID

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG

Parts: M1-SUV Version: 1.0 (Last Synchronised: 19 Nov 2024)

PEUGEOT 5008 1.6 ALLURE 1.6 E-THP EAT6 (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code:

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		9	∕₀Disc º	∕₀Depr	•	Amount
No. Qty Part No. 1 1 2 1	*RH REAR FENDER ARCH *RH REAR RIM	es es	0.00 0.00 0.00	0.00 0.00 0.00	N Wi	*300.00 F *830.00 F *1,820.00 F
3 1 F=Franchise part.	*REAR BUMPER	Sub Total (S\$) - Add. Disc. on L,N Items 10.00% (S\$)				2,950.00 295.00
		Total Parts (S\$)				2,655.00

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

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 sorrey 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

Miscellaneous Items

1 OD/TP Case (Insurer)

12.00

Sub Total (S\$)

12.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items TO PANEL BEAT REMOVE AND REFIT NECESSARY

TO SPRAY PAINT AND PUTTY NECESSARY

New - - - -

New

800.00 800.00

4001

Gross Labour Cost (S\$)

1,600.00

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

< END OF ESTIMATES >

C 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.

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

Reported by	18/11/2024 14:37 (SGT) Both Policyholder and Actual Driver 17/11/2024 12:15 (SGT) Singapore ANG MO KIO AVE 1 (TOWARDS DIRECTION OF SERAGOON CENTRAL)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU3698C
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No TAY KIAN AUN SXXXX985E KENNETHTAY73@GMAIL.COM (Phone) +65-98629535

VEHICLE PARTICULARS

Manufacturer	Peugeot 5008 ALLURE 1.6 E-THP EAT6
	5008 ALLUNE 1.0 L-1111 2.11
Model	~~ <u>~</u>
Variant	
Variant Exact purpose for which vehicle was being used at time of	Private use
accident accident your own insurance policy for repair to	No - Claiming third party
	Private car
Vehicle Category	Auto
Transmission	1598
CC	Petrol
Vehicle Fuel	10/06/2019
First Regisration Date	VF3M45GZWJL052361
Chassis no	18/08/2020 05:08 (SGT)
Effective Date/Time of Ownership	10.00.
LIICOLIVO	

INSURANCE COMPANY

Name of Insurance Company	
Name of Mote Number	
Policy Number / Cover Note Number	

Great Eastern General Insurance Limited V5014079

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.
- 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.
- 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.
- 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.

6. 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 Porsonal 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.

1. 1. 50hm

Policyholder's Signature / Date & Time

Sketch Plan

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

SINGAPORE 579701

Angan I la Alle

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

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