

ASS. REC. BY:

REF:

TMI/

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SMR 1507A

Yr Regn:

12, 19

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

Truck / Trailer or

Make:

Toy Alphard

C.C

Wagon

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

127063

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

AYH30 - 0092403

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Rapid 235/50 ZR18

R: Avanti

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

7

mm

L/Bal.

5

mm

L/Bal.

7

mm

D.O.A.

13/11/24

D.O.I.

23/11/2024

Survey held at

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

Frt N/S

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS - SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL



205 Braddell Road S(579701)

**ACCIDENT REPAIR ESTIMATES**

Our Ref:

Type of Claim : THIRD PARTYVehicle No. : SMR1507AMake & Model : TOYOTA VELLFIREYear of Manufacture : 2019

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

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

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

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

Ins Company : TM

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

Date of Accident : \_\_\_\_\_

Suggested Days of Repair : 3

In-house Vehicle Assessor

**Repair Estimates**Case Owner : HAKIMSignature : 98328740Parts (a) Cost / List Price Items \$ 8,725.00Plus/Less 10% \$ 872.50Total of Cost / List \$ 7,852.50

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

Less \_\_\_\_\_

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

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

Total Parts Cost (Appendix A) \$ 7,852.50Labour (Appendix B) \$ 1,050.00Total Repair Cost \$ 8,902.50

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 AUTHORIZED  
Purveyor Bepain

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

Name of Surveyor : KennethCompany : CKKSurvey conducted on : 23/11/24 at \_\_\_\_\_Remarks By Surveyor

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

(b) Recommended Days of Repair : 02 day(s)(c) Resurvey : Required / Not Required

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

(e) Signature of surveyor : ADate: 25/11/24

# Spark Car Care

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

## Spare Parts

Vehicle No : SMR1507A Case Owner : HAKIM  
Make & Model : TOYOTA VELLFIRE Year Manufacture : 2019  
Chassis No : \_\_\_\_\_ 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 RADIATOR GRILLE             |     |            | \$ 2,300.00 |            |     | 7                       |
| 2    | FRT BUMPER CENTRE               | 1   | 1          | \$ 1,350.00 |            |     | X                       |
| 3    | FRT BUMPER LOWER                |     |            | NO.2        |            |     |                         |
| 4    | FRT CENTRE CHROME               |     | nd 1/2     | \$ 355.00   |            |     | 1                       |
| 5    | FRT LH CHROME 2 PC              |     | 5/4        | \$ 180.00   |            |     | 1                       |
| 6    | FRT LOWER HL                    |     | 6/4        | \$ 3,820.00 |            |     | 1                       |
| 7    | FRT LH CORNER PANEL WITH CHROME |     |            | \$ 720.00   |            |     | 7                       |
| 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   |                                 |     |            |             |            |     |                         |

Tel: 63837168 / 63837466 Fax: 62815767

Case Owner : HAKIM  
Year of Manufacture : \_\_\_\_\_

Date:

*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 ..... 14/11/2024 10:38 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 13/11/2024 19:00 (SGT)  
Exact Location of Accident ..... Stamford Rd, Singapore  
Additional Location Information .....  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR1507A  
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) +65-81337662  
Alternative Phone No ..... (Office) +65-68820888

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Alphard  
Variant ..... HYBRID 7-SEATER 2.5Z CVT  
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 hire  
Transmission ..... Auto  
CC ..... 2493  
Vehicle Fuel ..... Petrol-Electric  
First Registration Date .....  
Chassis no ..... AYH300092403  
Effective Date/Time of Ownership .....  
-

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D20MFL0000326\_04

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.

#### 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 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

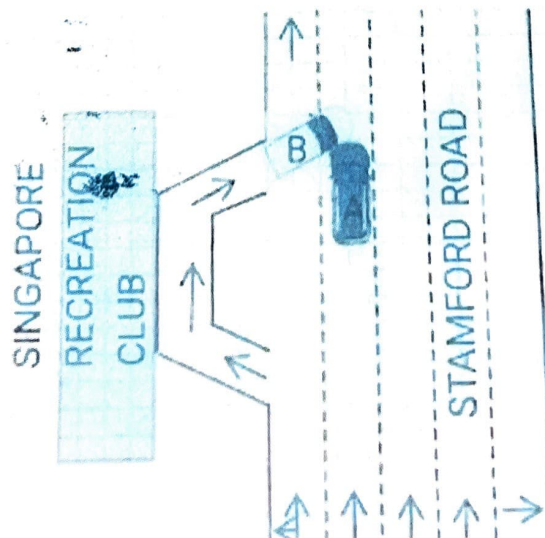
Driver's Signature (if driver is not the policyholder) / Date & Time

Sketch Plan

13/11/2024-2230HRS



Witnessed by Reporting Centre Personnel



A-SMR1507A

B-SNH7925C