ASS. REC. BY: REF: 7MI/	
K	COLCNIMENT
From:	SSIGNMENT (2) 19
Estimated Cost:	Veh No: SMR 1307A Yr Regn: 12, 19
OD TP/WS/TP RES/OD RES/EVA/INV/MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
To Inspect Vehicle No:	Truck/Trailer or (A) , Wegon
21/11-4	Make: Joy Alphan c.c 2493
Con	Colour Brack A/C: Insured / Std / NI / NA
Insured:	
Policy No.	Eng/No:
Claims No.	C/No: AYH30 . 0092403
Comple	Gen. Cond: Good / Fair / Poor / Burnt
(Cflent's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Ingreder / Jammed / Leaked / Burnt or
i.	Modi: Nil / S/Rim / STDA/Rim or
	Tyre Size: F: Rapid 235/507R18
(Policy Condition)	Ravani
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM/
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value: 2 169/c	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm 'R/Bal. 7 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 5 mm L/Bal. 7 mm
Est. Repairs: OZ days Res.: Yes or No	D.O.A. 13/11/24 D.O.I. 25/11/202
Lum Sum: //Bi/ % 3 Val.: Yes or No	
	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU Date: Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
AND THIS DOLLOT	
kno, F&e Pass to? : Prell. Report	Days Of Repair:
imo, File Pass to? : Prell. Report : Final Report	
: Final Report	Resurvey No. of Trip: Survey Fee:
: Final Report	Resurvey No. of Trip: Survey Fee:
: Final Report	Resurvey No. of Trip: Survey Fee: Transportation Site Insp (\$) _ S - RS SI
: Final Report	Resurvey No. of Trip: Survey Fee:
: Final Report Add Fee	Resurvey No. of Trip: Survey Fee: Transportation Site Insp (\$) _ S - RS SI Interview (\$) Finals
: Final Report Add Fee Format:	Resurvey No. of Trip: Survey Fee: Transportation Site Insp (\$) _ S - RS SI : Interview (\$) _ Finites Tech Invs (\$) Others
: Final Report Me, File Return to? Add Fee	Resurvey No. of Trip: Survey Fee: Transportation Site Insp (\$) _ S - RS SI Interview (\$) Finals



205 Braddell Road S(579701) <u>ACCIDENT REPAIR ESTIMATES</u>

0	ur	R	of

Our Ref:				
Type of Claim : THIRD PAR	RTY	Vehicle No.	: <u>S</u>	MR1507A
		Make & Model	: <u>T</u>	OYOTA VELLFIRE
		Year of Manufacture	: 2	019
		Chassis No.	: _	
Ins Company : TM		Engine No.	: _	
Excess :		Policy No.	: _	
Date of Accident :		Time of Accident	: _	
Suggested Days of Repair :	3	In-house Vehicle Ass	sessor	
Repair Estimates		Case Owner	: .	HAKIM
Repair Estimates		Signature	:	98328740
Parts (a) Cost / List Price Items \$	8,725.00	. 19 .		
	072.50	Contact No Operation		
Plus/Less10%\$	872.50	KELVIN SU		
Total of Cost / List	7,852.50	TEL: 9786 4236 E: kelvinsukwen@cdo	ge.com	.sg
(b) Nett Price Items				
(0)		JOHARI TEL: 972103705		
Less		E: joharibh@sparkca	rcare.c	<u>:om</u>
Total of Nett Item	The second secon	SUM DIM		
		SUN PIN TEL: 9728 8916		tion of the state
(c) Special Nett Items		E: oisunpin@cdge.c	om.sg	NOT Nother
Total Parts Cost (Appendix A) \$	7,852.50			NOT Nothern Purmay BEpain
Labour (Appendix B) \$	1,050.00			Toppeing
Total Repair Cost	8,902.50			
The above total will be subjected to 9%	G.S.T.			
	April 1985	Ke	nno	-1
Name of Surveyor	:	1.0	nne	16
Company	:	01	c/(
	:	2 <i>3/11/29</i> at		
Survey conducted on				and the second s
Remarks By Surveyor				
(a) The repair of this vehicle is auth	orized / is not a	authorized until furthe	r notic	ce.
(a) The repair of this verticions additi		OZ day(s)		
(b) Recommended Days of Repair				
(c) Resurvey	: Required /	Not Required		
1-1				
(d) Excess	:\$	—— N		01/1/20
		K	Da	ate: 25/11/29
(e) Signature of surveyor	:			

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

Spare Parts

37

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	: <u>TP</u>

1 FRT RADIATOR GRILLE 1 S 1,300,000 2 FRT BUMPER CENTRE 3 FRT BUMPER COWER 4 FRT CENTRE CHROME 5 FRT LH CHROME 2 PC 6 FRT LOWER HL 7 FRT LH CORNER PANEL WITH CHROME 8 9 10 11 11 12 13 14 15 16 16 17 18 19 10 11 11 12 13 14 15 16 16 17 18 19 10 11 11 12 13 14 15 16 16 17 18 19 10 11 11 12 12 13 14 15 16 16 17 18 19 10 10 11 11 12 12 13 14 15 16 16 17 18 18 19 10 10 11 11 12 12 13 14 15 16 16 17 18 18 19 10 10 11 11 12 12 13 14 15 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18		Part Description	QTY	Cost			List	Nett			isposition By
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Spark Car Care ComfortDelGro Engineering Pte Ltd 205 Braddell Road S (579701)

Tel: 63837168 / 63837466 Fax: 62815767

Labour

Vehicle No.	:	SMR1507A	Case Owner	:HAKIM
Make & Model		TOYOTA VELLEIRE	Year of Manufacture	:

S/No	Labour Description	Esimated Price	Adjusted Price
1	TO PANEL BEAT,REMOVE REFIT NECESSARY	\$500.00	2001
2	TO PUTTY SPRAY PAINT NECESSARY	\$500.00	220/
3	HL WIRING	\$50.00	201
	THE WINGING		
	** .**		, 50, 10, 20
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	LKK Auto Consultants	hance notify	
	the Renairer of the following	lowing:	
	To resurvey before after s To display damaged parts	spray painting	
+	To display damaged partitions	(s) during resurvey	
	Parts prices are subject to Third party supply is 0.0.3.	o confirmation "Without Prejudice" basis	
-	- No illocal modulcation(s)	Lis allowed	
	 Supplementary item(s) n 	nust be resurveyed and val from Insurance Company	
	is subject to final approv	val from Insurance Company	
+	Acknowledged by Repaire	er	
+	Signature:		
	Date:		
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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 <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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

Information provided must be as truthful and accurate as possible. Any white image process.
 Information provided must be as truthful and accurate as possible. Any white image policy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for Investigation.
 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.
 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

14/11/2024 10:38 (SGT)

Actual Driver

13/11/2024 19:00 (SGT)

Stamford Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMR1507A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

COMFORTDELGRO RENT A CAR PTE LTD

1XXXXX775H

fleetsafety@cdgtaxi.com.sg

(Phone) +65-81337662

(Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Vehicle Fuel

First Regisration Date

Effective Date/Time of Ownership

Toyota

Alphard HYBRID 7-SEATER 2.5Z CVT

Private use

No - Claiming third party

Private hire

Auto

2493

Petrol-Electric

AYH300092403

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

India International Insurance Pte Ltd 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.
- 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. 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)

Junderstand, 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' (awyers/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.
- (ii) 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
- (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' tawyers/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.

Driver's alignature (if driver is not the policyholder) | Date 8 Time 13/11/2024–2230HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

Policyholder's Signature / Date &

SINGAPORE

RECREATION

CLUB

CLUB

STAMFORD ROAD

A-SMR1507A B-SNH7925C