ASS. REC. BY: Kenneth

REF: TMI/ CS/TMI24110489/Kqp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Com

of 77511

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.

N/S	O/S

Bal. or Market Value: $ 169k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNR 1507A Yr Regn: 12 / 19

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

Make: Toy Alphard c.c 2493

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: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: Rapid 235/50 ZR18

R: Lavanti _____

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.	25/11/2024

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	Action / Instruction
/	
10/04/25	Submit Preli. report. - wksp informed the owner convert to cash job withe recovery

Date/Time, File Pass to?

1) 10/04 Typist

Date/Time, File Return to?

2) _____

☑ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation: $ - RS. SI

Others

TOTAL

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

SPARK CAR CARE
ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : THIRD PARTY

Ins Company : TM
Excess :
Date of Accident :
Suggested Days of Repair : 3

Vehicle No. : SMR1507A
Make & Model : TOYOTA VELLFIRE
Year of Manufacture : 2019
Chassis No. :
Engine No. :
Policy No. :
Time of Accident :

In-house Vehicle Assessor

Case Owner : HAKIM
Signature : 98328740

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

Repair Estimates

Parts (a) Cost / List Price Items		$ 8,725.00
Plus/Less	10%	$ 872.50
Total of Cost / List		$ 7,852.50
(b) Nett Price Items		
Less		
Total of Nett Item		
(c) Special Nett Items		
Total Parts Cost (Appendix A)		$ 7,852.50
Labour (Appendix B)		$ 1,050.00
Total Repair Cost		$ 8,902.50

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

Not Authorised Resurvey B4 Repair

Name of Surveyor : Kenneth
Company : CKK
Survey conducted on : 25/11/24 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 : Date: 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			?
2	FRT BUMPER CENTRE	1	R	$ 1,350.00			X
3	FRT BUMPER LOWER			NO.2			
4	FRT CENTRE CHROME		R/I Grp	$ 355.00			✓
5	FRT LH CHROME 2 PC		Sup	$ 180.00			✓
6	FRT LOWER HL		Grp	$ 3,820.00			✓
7	FRT LH CORNER PANEL WITH CHROME			$ 720.00			?
8							
9							
10							
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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**
Make & Model : **TOYOTA VELLFIRE**
Case Owner : **HAKIM**
Year of Manufacture :

S/No	Labour Description	Esimated Price	Adjusted Price
1	TO PANEL BEAT,REMOVE REFIT NECESSARY	$500.00	200
2	TO PUTTY SPRAY PAINT NECESSARY	$500.00	220
3	HL WIRING	$50.00	20

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 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: 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.

SJ0G24BE000C / JP Knights Pte Ltd
ENTRY DATE & TIME: 14/11/2024 10:38 (SGT)
SUBMITTED BY: Flash Reporting
VERSION: 1 (14/11/2024 10:38 (SGT))

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	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 Regisration 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 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)**

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

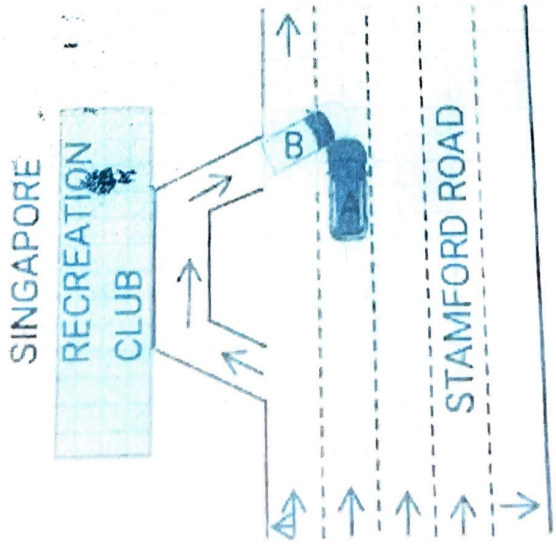
Driver's Signature (if driver is not the policyholder) / Date & Time

13/11/2024-2230HRS

VICKY

Witnessed by Reporting Centre Personnel

Sketch Plan



A-SMR1507A
B-SNH7925C