

ASS. REC. BY:

REF: FC1

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: _____

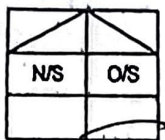
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \$168k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lum Sum: 1-B/1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNH 843BYr Regn: 09, 2, 2

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

Truck / Trailer or

Make: NIS Pererac.c. 1198Colour White

AC: Insured / Std / NI / NA

Sp. Reading 48077

T/Radio: Insured / Std / NI / NA

Eng No: _____

C/No: JNTEBAC 278 0001373Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder? / Jammed / Leaked / Burnt or

Brake: Inorder? / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size: F: 205/60R16R: Pavanti

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 30/6/24D.O.I. 4/7/2024

Survey held at _____

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

Rear O/S

The UIC / Chasals frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation

Add Fee: ☐

: Site Insp (\$ _____)

) S - RS. \$ _____

☐

: Interview (\$ _____)

) P. 100

☐

: Tech Invs (\$ _____)

) Others

☐

: Weekend (\$ _____)

)

Report Format :

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

TOTAL



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TP(MSFC)

Vehicle No. : SNH843B

Make & Model : NISSAN SERENA

Year of Manufacture : 2021

Chassis No. : JN1EBAC27Z0001373

Engine No. : HR12297606K

Policy No. : _____

Time of Accident : _____

Ins Company : III

Excess : _____

Date of Accident : 30/6/2024

Suggested Days of Repair : _____

In-house Vehicle Assessor

Repair Estimates

Case Owner : KELVIN

Signature : _____

Parts (a) Cost / List Price Items \$ 5,949.00

Plus/Less 10% \$ 594.90

Total of Cost / List \$ 5,354.10

(b) Nett Price Items _____

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ -

Total Parts Cost (Appendix A) \$ 5,354.10

Labour (Appendix B) \$ 1,730.00

Total Repair Cost \$ 7,084.10

Operation

KELVIN SU

TEL: 9786 4236

E: kelvinsukwen@cdge.com.sg

SUN PIN

TEL: 9728 8916

E: oisunpin@cdge.com.sg

*Not Authorized
Runway B4 paim*

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

Name of Surveyor : Kenneth
Company : CLC
Survey conducted on : 4/7/24 at _____

Remarks By Surveyor

(a) The repair of this vehicle is not 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 : Pe

Date: 4/7/24

Spare Parts

Vehicle No : SNH843B Case Owner : KELVIN
 Make & Model : NISSAN SERENA Year Manufacture : 2021
 Chassis No : JN1EBAC27Z0001373 Engine No : HR12297606K
 Sales Order : _____ Supplier : _____
 Order By : KELVIN Type of Claim : TP(MSFC)

S/No	DESCRIPTION	QTY	Cost Price	List Price	S/N	Disposition By Surveyor
1	REAR TAILGATE	1	<i>Bj</i>	\$ 1,939.00		✓
2	REAR TAILGATE WEATHERSTRIP	1	<i>Sm</i>	\$ 120.00		X
3	EMBLEM "HIGHWAY STAR"	1	<i>Mc</i>	\$ 75.00		✓
4	EMBLEM "E-POWER"	1	<i>Mc</i>	\$ 105.00		✓
5	TAILGATE STOPPER	1	<i>Sm</i>	\$ 25.00		X
6	REAR BUMPER	1	<i>CM</i>	\$ 1,575.00		✓
7	REAR BUMPER CLIPS	10	<i>Mc</i>	\$ 30.00		✓
8	RHR BUMPER RETAINER	1	<i>Di</i>	\$ 45.00		✓
9	RHR BUMPER GARNISH	1		\$ 400.00		?
10	RHR CORNER PANEL	1	<i>Sm</i>	\$ 430.00		X
11	RHR CORNER PANEL BRACKET	1		\$ 45.00		?
12	REAR END PANEL	1	<i>R</i>	\$ 240.00		X
13	REVERSE SENSOR	1	<i>Mc</i>	\$ 280.00		✓
14	SENSOR BRACKET	4		\$ 640.00		?
15	SEALANT	1		<i>nn</i> \$ 40.00		X
16						
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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: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

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

Vehicle No. : SNH843B
Make & Model : NISSAN SERENA

Case Owner	:	<u>KELVIN</u>
Year of Manufacture	:	<u>2021</u>

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	01/07/2024 16:00 (SGT)
Reported by	Actual Driver
Date of Accident	30/06/2024 12:15 (SGT)
Exact Location of Accident	Lor 1 Geylang, Singapore
Additional Location Information	TOWARDS BOON KENG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH843B
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) +65-97356277
Alternative Phone No	(Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Serena
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1198

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MFL0003414_04

DRIVER

Name of Driver	TAN WENG KIM
NRIC No	SXXXX758F
Date Of Birth	26/06/1955
Occupation	Outdoor

IMPORTANT NOTICE

SKETCH PLAN

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.
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.

Ngie



Policyholder's Signature / Date & Time

Sketch Plan

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

300624-1500HRS

Witnessed by Reporting Centre Personnel

