

ASS. REC. BY:

REF:

P021

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

13.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SNE 4096E

Yr Regn:

03, 22

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

Truck / Trailer or

Make:

Toyota Noah

C.C.

Wagon

1787

Colour

M.D. Violet

A/C:

Insured / Std / NI / NA

Sp. Reading

147091

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZWR 80 - 0523639

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

WESTAKE

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

7/7/24

D.O.I.

13/7/2024

Survey held at

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

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) \$ - RS. SI

) P.M.S

) Others

TOTAL

Report Format :

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



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TP(MSFC)Vehicle No. : SNE4096EMake & Model : TOYOTA NOAHYear of Manufacture : 2021Chassis No. : ZWR800523639Engine No. : 2ZR2P15329

Policy No. : _____

Time of Accident : _____

Ins Company : III

Excess : _____

Date of Accident : 7/7/2024

Suggested Days of Repair : _____

In-house Vehicle Assessor**Repair Estimates**Case Owner : KELVIN

Signature : _____

Parts (a) Cost / List Price Items \$ 865.00Plus/Less 25% \$ 216.25Total of Cost / List \$ 648.75

(b) Nett Price Items _____

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ -Total Parts Cost (Appendix A) \$ 648.75Labour (Appendix B) \$ 750.00Total Repair Cost \$ 1,398.75**Operation**

KELVIN SU

TEL: 9786 4236

E: kelvinsukwen@cdge.com.sg

SUN PIN

TEL: 9728 8916

E: oisunpin@cdge.com.sg

*NOT Authorized
Pehng Bkpin*

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

Name of Surveyor : KennethCompany : CDGESurvey conducted on : 15/7/24 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 : De Date: 15/7/24

Spare Parts

Vehicle No : SNE4096E Case Owner : KELVIN
 Make & Model : TOYOTA NOAH Year Manufacture : 2021
 Chassis No : ZWR800523639 Engine No : 2ZR2P15329
 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 BUMPER	1	<i>Mr</i>	\$ 810.00		<input checked="" type="checkbox"/>
2	REAR BUMPER CLIPS	10	<i>Mr</i>	\$ 55.00		<input checked="" type="checkbox"/>
3						
4						
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28						
29						
30						

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.

Tel: 63837168 / 63837466 Fax: 62815767

Year of Manufacture	:	2021
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The above estimate of repair is based on visual assessment of the external affected areas. Any

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	08/07/2024 23:28 (SGT)
Reported by	Actual Driver
Date of Accident	07/07/2024 23:08 (SGT)
Exact Location of Accident	Commonwealth Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE4096E
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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) +65-91286995
Alternative Phone No	(Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1797

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0000326_03

DRIVER

Name of Driver	LAWRANCE CHEE KENG POH
NRIC No	SXXXX632Z
Date Of Birth	05/04/1954
Occupation	Outdoor

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
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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

Witnessed by Reporting Centre Personnel

Sketch Plan

08/07/2024 -- 14:00HRS

A-SNE4096E
B-SHC81E

COMMONWEALTH AVE X
CLEMENTI ROAD

