From: Date: Estimated Cost: Insured: Date: Policy No. Claims No. D24006340MFQC Sum insured: Excess: Sum insured: Excess: Sum insured: Excess: Also os of Cost of	ASS. REC. BY: REF: 1-62/C	
Truck Trailer or To laspect Vehicles No: at Workshop m/s	Kenneth	
Truck Trailer or To laspect Vehicles No: at Workshop m/s	From: Date:	_ Veh No: QY 1200 07 11
To lasped Vehicle No. Policy No. Claims No. D24006340MFQC Sum Insured: Policy No. Claims No. D24006340MFQC Sum Insured: Excess: 350 FBH (Clear's Record) Malo of Vehicle No. (Clear's Record) Malo of Vehicle No. (Policy Condition) Pomark: The veh had commenced its repair at the time of inspection. Ball or Markat Value: BA D5/C Dac Accident Root: Consistent?: Yes or No CGA / PR Soen: COnsistent?: Yes or No Lum Sum: Lum Sum: Lum Sum: Lum Sum: Lum Sum: Person Condicted: Person Condicted: Person Condicted: The Uic / Chasals frame / Body Structure affected due to collision. The Uic / Chasals frame / Body Structure affected due to collision. The Uic / Chasals frame / Body Structure affected due to collision. Add Fee: Sille Insp (\$	Estimated Cost:	Type: M.Car/ M.Cycle / Bus / Van / Lors / Tartis
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TEL: 63837466/7730/7656/7362 FAX: 62815767

ACCIDENT REPAIR ESTIMATES

Our Ref:			
Type of Claim :	OD	Vehicle No.	QY120D
Type of Claim .		Make & Model	: Toyota Camry
		Year of Manufacture	2016
		Chassis No.	: MR053CK5004020285
Ins Company :	MS First Capital	Engine No.	: 2ARU335565
Excess :		Policy No.	: D-24102282MFQC/2
Date of Accident :	19.07.24	Time of Accident	: 1030
Suggested Days of Repair	:5	In-house Vehicle Asse	essor
Repair Estimates	2	Case Owner	1
Parts (a) Cost / List Price I	tems \$ 3,427.00	Signature	:
	25	Contact No	
Plus/Less	\$ 685.40	Operation	
Total of Cost / Lis	st \$ 2,741.60	KELVIN SU TEL: 9786 4236	
rotal or observe.	<u> </u>	E: kelvinsukwen@cdge	.com.sg
(b) Nett Price Items	\$ -	- AND	
Lann		JOHARI TEL: 972103705	
Less		E: joharibh@sparkcarca	are.com
Total of Nett Item	3	*************************************	
	A 50.00	SUN PIN	
(c) Special Nett Items	\$ 50.00	TEL: 9728 8916 E: oisunpin@cdge.com	n.sq
Total Parts Cost (Appendix	x A) \$ 2,791.60		Nos Nothonk
Labour (Appendix B)	\$ 1,100.00		Bearing Bapain
Total Repair Cost	\$ 3,891.60		
The above total will be subject	cted to 8% G.S.T.	- T	
		Kenner	.,
Name of Surveyor	:	160	<u> </u>
Company	:	0/1/2/2	
Survey conducted on	:	24/7/24 at _	
Demandra Bu Cumrovar			
Remarks By Surveyor			
(a) The repair of this vehic	le is authorized / is not a	A 2	tice.
(b) Recommended Days o		<i>0</i> 2day(s)	
(c) Resurvey		Not Required	
(d) Excess	:\$ <i>18,</i>		26/7/21-
(e) Signature of surveyor	·		Date:24/7/29

COMFORTDELGRO ENGINEERING PTELTD 205 BRADDELL ROAD SINGAPORE 579701

TEL: 63837466/7730/7656/7362 FAX: 62815767

Spare Parts

itity

Vehicle No : QY120D Case Owner : 0

Make & Model : Toyota Camry Year Manufactur: 2016

Chassis No : MR053CK5004020285 Engine No : 2ARU335565

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : <u>OD</u>

No	Part Description	QTY	Cost Price	Lis	st Price	Nett Price	s	5/N C	Disposition By Surveyor
1	Front Bumper		cm	\$	960.00				_
28	Front Bumper Lower Grille		cm	\$	1,032.00				_
3	Lower Grille Chrome Garnish		Ry	\$	280.00				
4	Front Bumper Lower Garnish	1	01	\$	260.00				
5	Front Bumper Tow Cover		Sn	\$	70.00		-	\longrightarrow	X
6	Front Bmper No Plate Base		cm	\$	250.00				-
7	RHF Fog Lamp Cover		nu	\$	215.00				-
8	Front Parking Sensor			\$	360.00				7
	Number plate + casing set						By \$	50.00	431N
10	Fee i Feelg		10						1
11		1	16						
12									
3)						1
4			KK Auto Consu	Itants	hence noti	у			
5		th	e Repairer of	he fol	llowing:				7. 1974
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+			Vo illugal modifie	tion(s)	is allowed	-	+		
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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 PTELTD 205 BRADDELL ROAD SINGAPORE 579701

TEL: 63837466/7730/7656/7362 FAX: 62815767

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Vehicle No. :	QY120D	Case Owner	·	U
Verilicie 140:	Market and the second s	Year of Manufacture	£	2016
Make & Model:	Toyota Camry	Year or Manufacture	-	

S/No		Esimated Price	Adjusted Price
	To repair & remove/replace parts @ portions affected by accident	\$600.00	2001
	To prep, paint and finish portions affected by accident	\$500.00	2201
	Remove & Replace Sensors	\$150.00	601
	Check Electrical Wiring	\$30.00	15/
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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

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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

Information provided this between a statistic and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 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

20/07/2024 08:48 (SGT) Date of First Submission **Actual Driver** Reported by 19/07/2024 10:30 (SGT) e of Accident Singapore t Location of Accident Additional Location Information Hillcrest Road Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

QY120D Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? PUBLIC UTILITIES BOARD Name Of Registered Owner TXXXXX045L Company Reg No MOHD_AZAHAR_PAUWIMAN@PUS.GOV.SG Email Address (Phone) +65-93823848 Mobile Phone No Alternative Phone No

UCLE PARTICULARS

Toyota Camry Model Exact purpose for which vehicle was being used at time of

Employment accident

Are you claiming under your own insurance policy for repair to Yes your vehicle? Private car Vehicle Category

Auto Transmission 2500 CC

INSURANCE COMPANY

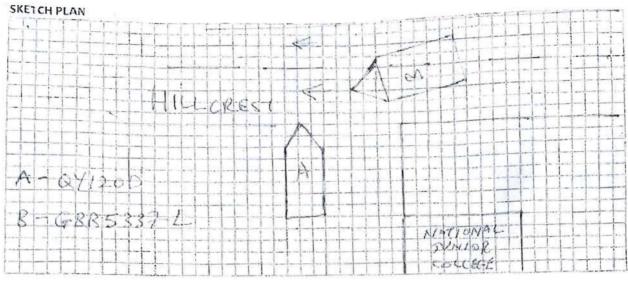
Name of Insurance Company Policy Number / Cover Note Number MS First Capital Insurance Ltd D-24102282MFQC/2

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

THIAGARAJAH PUSPANATHAN SXXXX617Z 07/08/1955 Outdoor





DESCRIBE CIR	CUMSTANCES OF THE ACCIDENT
At oro.	and 10-30gm, 1, waster This gard Pupanethan (Nathan)
was do	ing my rece recce of 37 Hillerest Rd. I was driving
board	car QY1200 and Johns a to too and the pool to fee
Mana	left when a van Culter GBB 58374 gins straight
Sudden!	but the hoved car the van driver drove too close to
the bags	ed are when going strong to the diver of the Van Stoppe
and en	change phone numbers and access the danger-

PUDE CUARATERNO

Controlised Bordices Department iculars are true in every respect.

Logistics BFE

85 Woodleigh Park,

Woodleigh Complex S(357875)

Policyholder's Signature Date & Time:

ELIT IN DIE DIE MENLIO

JECKWE ? Driver's Signature (if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

190224/15256