

ASS. REC. BY:

REF: C721Hennerh

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.

N/S	O/S

Bal. or Market Value: 8174k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 09 days Res.: Yes or NoLum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNF 546UYr Regn: 04, 22

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

Truck / Traller or WagonMake: ToyotaColour: M. GreySp. Reading: 253416

Eng/No: _____

C/No: KNACB 81CVN 5542965

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Godard

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 4/8/20

Survey held at _____

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 8/8/2024

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

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

Date / Time

Action / Instruction

Submit Preli. report. - owner converted to cash with recovery

Date/Time, File Pass to?

1) 07/03 Typist

Date/Time, File Return to?

2)

☒ : Preli. Report☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

S - RS. SI

Fees

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(CT)Vehicle No. : SNF546UMake & Model : KIA NIROYear of Manufacture : 2021Chassis No. : KNACB81CVN5542965Ins Company : IIIEngine No. : G4LENS882705

Excess : _____

Policy No. : _____

Date of Accident : 4/8/2024

Time of Accident : _____

Suggested Days of Repair : _____

In-house Vehicle Assessor

Repair EstimatesCase Owner : KELVIN

Signature : _____

Parts (a) Cost / List Price Items \$ 2,473.00Plus/Less 10% \$ 247.30Total of Cost / List \$ 2,225.70

(b) Nett Price Items _____

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ -**Total Parts Cost (Appendix A)** \$ 2,225.70**Labour (Appendix B)** \$ 1,630.00**Total Repair Cost** \$ 3,855.70**Operation**

KELVIN SU

TEL: 9786 4236

E: kelvinsukwen@cdge.com.sg

SUN PIN

TEL: 9728 8916

E: oisunpin@cdge.com.sg

Not Authorized
Mr. Kelvin B. Lim

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

Name of Surveyor : KennethCompany : CKICSurvey conducted on : 8/8/24 at _____**Remarks By Surveyor**(a) The repair of this vehicle is ~~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 : De Date: 8/8/24

Spark Car Care

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

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Spare Parts

Vehicle No	: <u>SNF546U</u>	Case Owner	: <u>KELVIN</u>
Make & Model	: <u>KIA NIRO</u>	Year Manufacture	: <u>2021</u>
Chassis No	: <u>KNACB81CVN5542965</u>	Engine No	: <u>G4LENS882705</u>
Sales Order	: _____	Supplier	: _____
Order By	: <u>KELVIN</u>	Type of Claim	: <u>TP(CT)</u>

S/No	DESCRIPTION	QTY	Cost Price	List Price	S/N	Disposition By Surveyor
1	FRT BUMPER	1	Bu	\$ 650.00		✓
2	FRT BUMPER CLIPS	10	Ne	\$ 55.00		✓
3	RHF BUMPER RETAINER	1	Dis	\$ 25.00		✓
4	RHF FENDER	1	Ry	\$ 385.00		✓
5	RHF WHEEL ARCH	1	Del	\$ 125.00		✓
6	RHF FENDER COWLING	1	CMA	\$ 128.00		✓
7	FENDER COWLING CLIPS	1	Mc	\$ 55.00		✓
8	FENDER EMBLEM"HYBRID"	1	Ne	\$ 30.00		✓
9	RHF WHEEL RIM	1	Del	\$ 760.00		✓
10	FRT BUMPER SIDE GARNSIH-RH	1	Del	\$ 25.00		✓
11	RHF SIDE MIRROR COVER	1	K	\$ 35.00		✓
12	WIPER WASHER TANK	1		\$ 200.00		7
13						
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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.

Tel: 63837168 / 63837466 Fax: 62815767

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 05/08/2024 17:16 (SGT)
Reported by Actual Driver
Date of Accident 04/08/2024 13:40 (SGT)
Exact Location of Accident Cairnhill Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNF546U

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) +65-92323630
Alternative Phone No (Office) +65-81337662

VEHICLE PARTICULARS

Manufacturer Kia
Model NIRO HYBRID 1.6 GDI DCT
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 1580
Vehicle Fuel -
First Registration Date -
Chassis no -
Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D18MFL0003414_05

DRIVER

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.
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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

04/08/2024
2000hrs

