

ASS. REC. BY:

REF:

SPF / (CS/SPF24080146/Knh3e2)

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:

1.13.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNH8363

Yr Regn:

11.2.2

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

Truck / Trailer or

Make:

Toy Noah

c.c

Wagon 1797

Colour

N. Black

AC: Insured / Std / NI / NA

Sp. Reading

124664

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

EWR90 . 0033731

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

205/60R16

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

TOYO / YOKO or

DAVANTI

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

3/8/24

D.O.I.

2/8/2024

Survey held at

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

O/S M

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

Date / Time

Action / Instruction

20/09/24 submit preli report

\$1185 and 2 days (red, \$636.25; 34%)

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format :

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



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TP(SCDF)Vehicle No. : SNJ8363SMake & Model : TOYOTA MOAHYear of Manufacture : 2022Chassis No. : ZWR900033731Engine No. : 2ZR2S84863

Policy No. : _____

Time of Accident : _____

Ins Company : III

Excess : _____

Date of Accident : 5/8/2024

Suggested Days of Repair : _____

In-house Vehicle Assessor

Repair EstimatesCase Owner : KELVIN

Signature : _____

Parts (a) Cost / List Price Items \$ 1,095.00Plus/Less 25% \$ 273.75Total of Cost / List \$ 821.25

(b) Nett Price Items _____

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ -**Total Parts Cost (Appendix A)** \$ 821.25**Labour (Appendix B)** \$ 1,000.00**Total Repair Cost** \$ 1,821.25**Operation**

KELVIN SU

TEL: 9786 4236

E: kelvinsukwen@cdge.com.sg

SUN PIN

TEL: 9728 8916

E: oisunpin@cdge.com.sg

*Not Authorized
Penny Bk Pain*

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

Name of Surveyor : KennethCompany : CKKSurvey 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 : 02 day(s)(c) Resurvey : Required / Not Required(d) Excess : \$ De(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

Spare PartsVehicle No : SNJ8363SCase Owner : KELVINMake & Model : TOYOTA MOAHYear Manufacture : 2022Chassis No : ZWR900033731Engine No : 2ZR2S84863

Sales Order : _____

Supplier : _____

Order By : KELVINType of Claim : TP(SCDF)

S/No	DESCRIPTION	QTY	Cost Price	List Price	S/N	Disposition By Surveyor
1	FRT BUMPER-RH	1	Bu	\$ 810.00		✓
2	FRT BUMPER CLIPS	10	Ac	\$ 55.00		✓
3	RHF BUMPER RETAINER	1	Sc	\$ 75.00		X
4	RHF FOG LAMP GARNISH	1	AT	\$ 155.00		✓
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
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

Case Owner	:	<u>KELVIN</u>
Year of Manufacture	:	<u>2022</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 18:54 (SGT)
Reported by Actual Driver
Date of Accident 05/08/2024 11:50 (SGT)
Exact Location of Accident 325 Woodlands Street 32, Block 325, Singapore 730325
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNH8363S

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) +65-98314971
Alternative Phone No (Office) +65-81337662

VEHICLE PARTICULARS

Manufacturer Toyota
Model NOAH HYBRID 1.8X CVT
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 - Reporting only
Vehicle Category Private hire
Transmission Auto
CC 1797
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.
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

Sketch Plan

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

05/08/2024
1530hrs

Witnessed by Reporting Centre Personnel

BLK 325 WOODLANDS ST 32

A: SNH8363S
B: QX1807E

BLK 323 WOODLANDS ST 32

