

ASS. REC. BY:

REF:

C71 / 20012704KV

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

1/2-1 days

Res.: Yes or No

Lum Sum:

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

GBG 4757M

Yr Regn:

08, 17

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

Truck / Trailer or

Make:

Toy Dyna

C.C

2982

Colour

Blue

AC:

Insured / Std / NI / NA

Sp. Reading

110434

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFA T35Y30K 208543

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M / S / Rim / STD A / Rim or

Tyre Size:

F: BJS

195R15X8

R: Cordar

155R12X8 (D)

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

11

mm

L/Bal.

9

mm

L/Bal.

88

mm

D.O.A.

12/11/20

D.O.I.

20/11/2020

Survey held at

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

O/S body

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 15/12/20-Typist

Days Of Repair: 1

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: Merimen

Lump Sum / I.B.I. (\$ 523.80)

17/11/2020



ComfortDelGro Engineering

205 Braddell Road S(579701)

**ACCIDENT REPAIR ESTIMATE**

Our Ref:

Type of Claim : TPIns Company : GEGI VS CHINA TAIPINGExcess : -Date of Accident : 12.11.2020Suggested Days of Repair :                     **Repair Estimate**Parts (a) Cost / List Price Items \$ -Plus/Less 25% \$ -Total of Cost / List \$ -(b) Nett Price Items \$ -Less                     Total of Nett Item                     (c) Special Nett Items \$ 343.80Total Parts Cost (Appendix A) \$ 343.80Labour (Appendix B) \$ 360.00Total Repair Cost \$ 703.80Vehicle No. : GBG4757MMake & Model : TOYOTA DYNA 150 5MTYear of Manufacture : 2017Chassis No. : JTFAT35Y30K208543Engine No. : 1KD2732722Policy No. : -Time of Accident : 10:00

In-house Vehicle Assessor

Case Owner :                     Signature :                     Contact No  
**Spark Car Care Service Reception**

63837103 - Patrick Tia

[PatrickTia@sparkcarcare.com](mailto:PatrickTia@sparkcarcare.com)

63837730 - Brenda Ng

[BrendaNg@sparkcarcare.com](mailto:BrendaNg@sparkcarcare.com)

63837466 - Rohani

[RohaniM@sparkcarcare.com](mailto:RohaniM@sparkcarcare.com)**Workshop Operation**

63837656 - Ngo Toh Wee

[Ngotw@sparkcarcare.com](mailto:Ngotw@sparkcarcare.com)

63838115 - William Wang

[WilliamWangKS@sparkcarcare.com](mailto:WilliamWangKS@sparkcarcare.com)

63837362 - Andrew Goh

[AndrewCorneliusGoh@sparkcarcare.com](mailto:AndrewCorneliusGoh@sparkcarcare.com)*Not Authorized*

The above total will be subjected to 7% G.S.T.

Name of Surveyor : Hennoth  
 Company : CKIC  
 Survey conducted on : 20/11/20 at                     

**Remarks By Surveyor**(a) The repair of this vehicle is authorized / is not authorized until further notice.(b) Recommended Days of Repair : 1/2 - 1 day(s)(c) Resurvey : Required / Not Required(d) Excess : \$                     (e) Signature of surveyor :                      Date: 20/11/20



# Spark Car Care

ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701)

Tel: 63837168 / 63837466 Fax: 62844284, 62815767

## Spare Parts

Vehicle No : GBG4757M Case Owner : 0

Make & Model : TOYOTA DYNA 150 5MT Year Manufacture : 2017

Chassis No : JTFAT35Y30K208543 Engine No : 1KD2732722

Sales Order : \_\_\_\_\_ Supplier : \_\_\_\_\_

Order By : \_\_\_\_\_ Type of Claim : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	Stainless steel external door handle	1			<i>Ry</i> \$ 254.40		✓
2	Stainless steel locking bar	1			<i>Dis</i> \$ 89.40		✓
3	0	1					
4	0	1					
5	0	1					
6	0	1					
7	0	1					
8	0	1					
9	0	1					
10	0	1					
11	0	1					
12	0	1					
13	0	1					
14	0	0					
15	0	0					
16	0	0					
17	0	0					
18	0	0					
19	0	0					
20	0	0					
21	0	0					
22	0	0					
23	0	0					
24	0	0					
25	0	0					
26	0	0					
27	0	0					
28	0	0					
29	0	0					
30	0	0					

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.

17/11/2020

2:47 PM

**ComfortDelGro Engineering Pte Ltd**

Tel: 63837168 / 63837466 Fax:62844284,62815767

Vehicle No. : GBG4757M  
Make & Model : TOYOTA DYNA 150 5MT

: 0

: 2017

*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 Authorised 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 Report	16/11/2020 15:55
Date Of Accident	12/11/2020 10:00
Exact Location Of Accident	CITY SQUARE OUTSIDE LOADING BAY
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4757M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VISMARK FOOD INDUSTRIES PTE LTD
Co Reg No	2XXXXX989D
Email Address	MARK.TAN@VISMARK.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-82826667

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	2020-V0113373-VCV
Cover Note Number	

#### Driver

Name of Driver	FU HAI
Passport No/FIN	GXXXX405R
Date Of Birth	16/06/1979
Occupation	INDOOR
Date Of Driving Pass	26/12/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85752326
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address  
Postcode BLK 414 TAMPINES ST 41 #10-305  
520414  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
Weather Conditions CLEAR  
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Number of vehicles (including own vehicle) involved in the accident 2  
Was any body injured in the Accident? NO  
Was any injured conveyed to hospital by ambulance? NO  
Was any other material or property damaged? YES  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 0

#### Details of Police Action

Was the accident reported to the police? NO  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO ATTACHED.

#### Attachment(s)

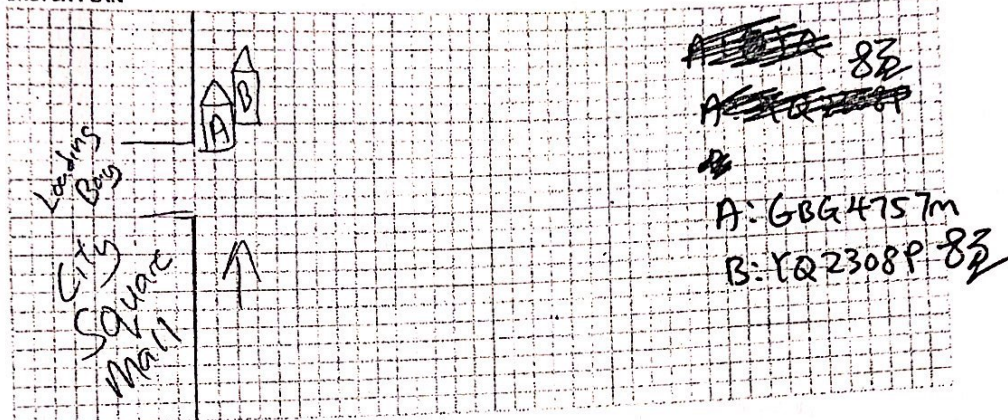
Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YQ2308P  
Vehicle Make/Model/Colour MITSUBISHI / FUSO  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver QUEK WAI HONG  
NRIC/Passport Number GXXXX240P  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was ~~stopping~~ stopping my car at the loading Bay. Went for delivery. After coming back from delivery I notice the driver Side freezer door handle and stick was damage and mis-align. Then I notice veh B was nearby and his left rear was damage too. I question him and he admitted. There after we exchange particulars. His supervisor wanted to private settle with us but in the end they didn't want to pay. Therefore we report to insurance.

成信食品工業私人有限公司  
DECLARATION  
VISMARK FOOD INDUSTRIES PTE. LTD.  
I/We declare that the foregoing particulars are true and correct in every respect.  
3017 Bldg, 100115, Singapore 426121  
Tel: 6552 2161 Fax: 6454 6289  
Co. Reg. No.: 201224959

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: