

ASS. REC. BY:

REF:

CTZ/ 200142401KT

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

1-B.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMN 4972X Yr Regn: 07, 19

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

Truck / Traller or

Make:

Honda Advance c.c 1591

Colour

M. Black

A/C: Insured / Std / NI / NA

Sp. Reading

16779

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM/10841CMKU 910305

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

Nexen

Front

Rear

R/Bal.

P

mm

R/Bal.

P

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

8/12/20

D.O.I.

22/12/2020

Survey held at

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

O/S Frt

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

Date / Time

Action / Instruction

29/12

81864-56 confirm

Cred. 378.16 : 16%

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

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 Submission	08/12/2020 18:57 (SGT)
Date of Accident	08/12/2020 07:20 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4972X
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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	dannyng@cdgrentacar.com.sg
Mobile Phone No	(Phone) +65-90222539
Alternative Phone No	(Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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 car

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D18MFL0003414
Cover Note Number	-

DRIVER

Name of Driver	NEWTON DANIEL CRAIG
Passport No/FIN	GXXXX029T
Date Of Birth	28/08/1977

Date Of Driving Pass	07/12/2020
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-90222539
Alt. Phone Number	-
Email Address	Daniel.newton@halliburton.com
Address	BLK 28 HUA GUAN AVENUE
Address complement	-
Postcode	589124
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On 08/12/2020 at about 0720hrs, I was driving my vehicle SMM4972X along PIE towards Upper Bukit Timah Road. While my vehicle was stationary before make a left turn, a truck XE4526M which was on my right side made a wide turn and swiped onto my right side front bumper. Exchanged Particulars. Nobody was injured.

ATTACHMENT(S)

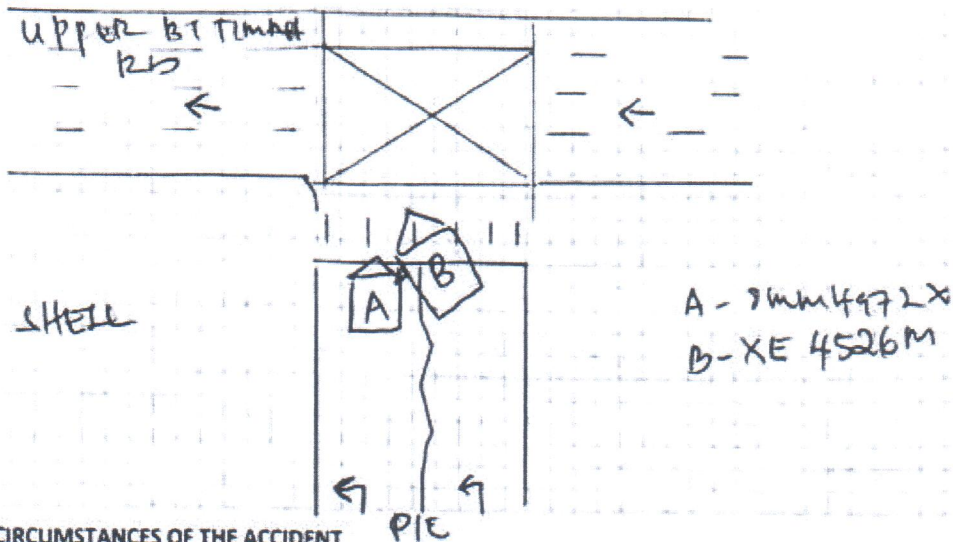
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE4526M
Vehicle Manufacturer	Sinotruk
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	N RAJALINGAM
NRIC No	SXXXX043D
Contact Number	(Phone) +65-90065966
Address	

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/12/20, at about 0720hrs, I was driving my vehicle 3mm 4972X along PIE towards Upper BT Timah Rd. While my vehicle was stationary before make a left turn, a truck XE 4526M which was on my right side made a wide turn and swiped onto my right side front bumper. Exchanged particulars. Nobody was injured.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/12/20 - 1040H

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



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATE

Our Ref:

Type of Claim : TPVehicle No. : SMM4972XMake & Model : HYUNDAI AD AVANTE 1.6 GLS AYear of Manufacture : 2019Chassis No. : KMHD841CMKU910305Ins Company : INDIA VS CHINA TAIPINGEngine No. : G4FGKU146835Excess : -Policy No. : -Date of Accident : 08.12.2020Time of Accident : 07:20

Suggested Days of Repair : _____

In-house Vehicle Assessor

Repair Estimate

Case Owner : _____

Signature : _____

Parts (a) Cost / List Price Items \$ 1,915.90Plus/Less 20% \$ 383.18Total of Cost / List \$ 1,532.72(b) Nett Price Items \$ -

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ -Total Parts Cost (Appendix A) \$ 1,532.72Labour (Appendix B) \$ 710.00Total Repair Cost \$ 2,242.72

Contact No

Spark Car Care Service Reception

63837103 - Patrick Tia

PatrickTia@sparkcarcare.com

63837730 - Brenda Ng

BrendaNg@sparkcarcare.com

63837466 - Rohani

RohaniM@sparkcarcare.com**Workshop Operation**

63837656 - Ngo Toh Wee

Ngotw@sparkcarcare.com

63838115 - William Wang

WilliamWangKS@sparkcarcare.com

63837362 - Andrew Goh

AndrewCorneliusGoh@sparkcarcare.com

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

81864.56NOT AUTHORIZED
PENNY BEPAIN

Name of Surveyor : Kenneth
 Company : CKK
 Survey conducted on : 22/12/20 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 : LeDate: 22/12/20

Spark Car Care

ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701)

Tel: 63837168 / 63837466 Fax: 62844284, 62815767

Spare Parts

Vehicle No : SMM4972X Case Owner : 0

Make & Model : HYUNDAI AD AVANTE 1.6 Year Manufacture : 2019

Chassis No : KMHD841CMKU910305 Engine No : G4FGKU146835

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	Front bumper <i>Buc / N</i>	1		\$ 474.40			✓
2	Front bumper fog lamp RH	1	<i>Sm</i>	\$ 164.80			X
3	Front bumper grille RH	1	<i>Sm</i>	\$ 33.60			X
4	Front bumper side retainer RH	1	<i>Sm</i>	\$ 13.70			X
5	Front bumper upper bracket RH	1	<i>n</i>	\$ 10.60			✓
6	Front bumper clip	10	<i>na</i>	\$ 20.00			✓
7	RH headlamp	1	<i>cut</i>	\$ 1,198.80			✓
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.

Tel: 63837168 / 63837466 Fax:62844284,62815767

Vehicle No.	: <u>SMM4972X</u>	Case Owner	: <u>0</u>
Make & Model	: <u>JNDAI AD AVANTE 1.6 GLS A</u>	Year of Manufacture	: <u>2019</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.