

ASS. REG. BY:

REF: CT2/ 21000896 /KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____ Spark

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: 04 days Res.: Yes or No

Lump Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLG7329C Yr Regn: 10, 16

Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or ☒ SA

Make: Mercedes 3 c.c. 1496

Colour: M. Red A/C: Insured / Std / NI / NA

Sp. Reading: 63272 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN6BM42A8G0345803

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD ☒ R/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Davanti

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 11/1/21

D.O.I. 15/1/2021

Survey held at _____

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

N/S Frt

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1) Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

Report Format :

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

14/01/2021



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATE

Our Ref:

Type of Claim : TPIns Company : INDIA VS CHINA TAIPINGExcess : -Date of Accident : 11.01.2021Suggested Days of Repair **Repair Estimate**Parts (a) Cost / List Price Items \$ 5,125.20Plus/Less 20% \$ 1,025.04Total of Cost / List \$ 4,100.16(b) Nett Price Items \$ -Less Total of Nett Item (c) Special Nett Items \$ 200.00Total Parts Cost (Appendix A) \$ 4,300.16Labour (Appendix B) \$ 2,500.00Total Repair Cost \$ 6,800.16

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

Vehicle No. : SLG7329CMake & Model : MAZDA 3 SEDAN 1.5L SP.6EATYear of Manufacture : 2016Chassis No. : JM6BM42A8G0345803Engine No. : P520373825Policy No. : -Time of Accident : 12:06

In-house Vehicle Assessor

Case Owner : Signature :

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

*Not Rohani's
Repair B4 paint*

Name of Surveyor : KennethCompany : CKKSurvey conducted on : 15/1/21 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: 15/1/21

Spark Car Care

ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701)

Tel: 63837168 / 63837466 Fax: 62844284, 62815767

Spare Parts

Vehicle No : SLG7329C Case Owner : 0

Make & Model : MAZDA 3 SEDAN 1.5L SP.I Year Manufacture : 2016

Chassis No : JM6BM42A8G0345803 Engine No : P520373825

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	1	CM	\$ 971.40			✓
2	Front bumper cover LH	1	RM	\$ 29.40			✓
3	Front bumper signal lamp LH	1		\$ 165.20			?
4	Front bumper tow cover	1	RM	\$ 30.10			✓
5	Front bumper lower centre grille	1		C/W 1			
6	Front bumper bracket LH	1		\$ 15.90			?
7	Front bumper bracket RH	1	RM	\$ 15.90			✓
8	Front bumper retainer LH	1	CM	\$ 19.70			✓
9	Front bumper retainer RH	1	RM	\$ 19.70			✓
10	Front bumper reinforcement	1	RM	\$ 466.80			✓
11	Front bumper clips	6	RM	\$ 18.00			✓
12	Front grille	1	RM	\$ 125.60			RM?
13	Front grille badge logo	1	.	\$ 46.50			?
14	Front grille chrome moulding LH	1	RM	\$ 185.60			✓
15	Front grille chrome moulding RH	1	RM	\$ 185.60			✓
16	Front upper grille	1		TBA			
17	Front grille rivets	4		\$ 36.80			?
18	Front upper grille rivets	4		\$ 32.00			?
19	LH headlamp assy	1	RM	\$ 812.00			✓
20	Bonnet	1	RM	\$ 1,120.70			✓
21	Front top panel	1		\$ 351.80			?
22	LH front fender	1	RM	\$ 350.60			✓
23	LH front fender inner shield	1	RM	\$ 101.90			✓
24	LH front fender inner shield clips	8	RM	\$ 24.00			✓
25	LH front tyre (Davanti DX390)	1			RM	\$ 200.00	✓
26	0	0					
27	0	0					
28	0	0					
29	0	0					
30	0	0					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under 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 Submission 12/01/2021 13:40 (SGT)
Date of Accident 11/01/2021 12:06 (SGT)
Exact Location of Accident Choa Chu Kang Ave 3, Singapore
Additional Location Information Towards Choa Chu Kang Ave 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG7329C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORTDELGRO RENT-A-CAR PTE LTD
Company Reg No 1XXXXXX775H
Email Address dannyng@cdgrentacar.com.sg
Mobile Phone No (Phone) +65-83150128
Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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

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 Santhana Ramaswamy Ramesh Babu
NRIC No SXXXX612B
Date Of Birth 18/05/1974
Occupation Outdoor

Date Of Driving Pass 08/08/2008
 Driving experience 12 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-83150128
 Alt. Phone Number -
 Email Address rameshbabu7447@gmail.com
 Address Blk 285 Choa Chu Kang Avenue 3 #03-304
 Address complement -
 Postcode 680285
 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

11/1/2021 at about 1206hrs, I was driving my vehicle SLG7329C (veh A) along Choa Chu Kang Ave 3 towards Choa Chu Kang Ave 1. Upon reaching traffic junction it was green turn right on my favor. While I was on first lane about to turn right suddenly vehicle SMJ199D (veh B) on second lane make a sharp right turn and our vehicle had contacted. Second lane is only for go straight lane. Driver vehicle B claimed that he intended to make a u turn from second lane. Exchanged particulars. Nobody was injured.

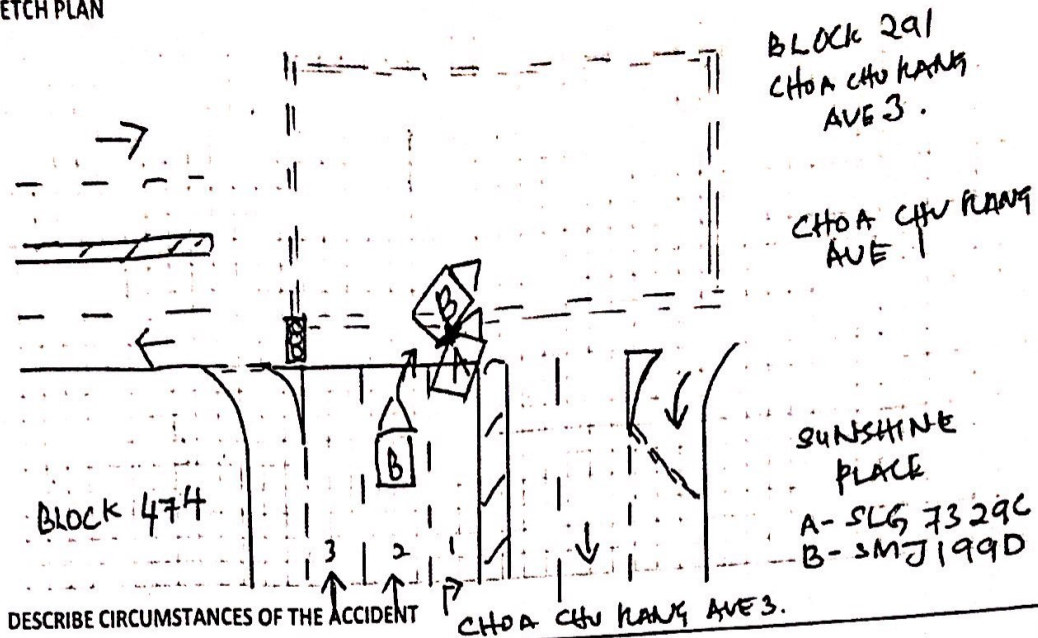
ATTACHMENT(S)

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 SMJ199D
 Vehicle Manufacturer BMW
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver Ee Beng Leong Adrian
 NRIC No SXXXX987J
 Contact Number (Phone) +65-82827827
 Address -

SKETCH PLAN



On 11/1/2021, at about 1206 Hrs, I was driving my vehicle SLG 7329C along CHOA CHU KANG AVE 3 towards CHOA CHU KANG AVE 1. Upon reaching traffic junction it was green turn right on my filter. While I was on first lane about to turn right suddenly vehicle B- SMJ 199D on second lane make a sharp right turn and our vehicle ~~at~~ had contacted. Second lane is only for go straight lane. ~~the~~ Driver vehicle B claimed that he intended to make a return from second lane. 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: 11/1/21 - 1340H

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