CS/GAI21002395/Gqd3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Comfort Braddell

of

Insured:

Policy No.

Claims No. CLMOMVC000003957

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: $30k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: GBD1227L Yr Regn: 18 Jun 2014

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

Make: Mit Canter c.c 2998

Colour Brown A/C: Insured / Std / NI / NA

Sp Reading 185679 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FEA01BA00242

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195R15

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	24-02-21

Survey held at W/S 11Am

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

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

Date / Time	Action / Instruction
	Code: 2599

19/03/21@1.08pm revised to Elizabeth by email.

05/08/21@4.18pm Guo Qiang finalised with Mr Ngo LS $7850, 8 days. (Red $6725.56, 46%)

Date/Time, File Pass to?

1) 06/08 Typist

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Misc. Insp ($)

Survey Fee:

Transportation:

$ + RS $

Photos

Others

TOTAL

TP

7850

24/02/2021

SPARK CAR CARE ™

ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

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 subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Our Ref:

Type of Claim : TP

Vehicle No. : GBD1227L

Make & Model : MIT CANTER

Year of Manufacture : 2014

Chassis No. : FEA01BA00242

Engine No. :

Policy No. :

Time of Accident :

Ins Company :

Excess :

Date of Accident :

Suggested Days of Repair :

In-house Vehicle Assessor

Case Owner :

Signature :

Repair Estimates

Parts (a) Cost / List Price Items		$ 10,978.40
Plus/Less 10%		$ 1,097.84
Total of Cost / List		$ 9,880.56
(b) Nett Price Items		$ -
Less		
Total of Nett Item		
(c) Special Nett Items		$ 665.00
Total Parts Cost (Appendix A)		$ 10,545.56
Labour (Appendix B)		$ 4,030.00
Total Repair Cost		$ 14,575.56

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

Contact No

Frt Counter Operation
Patrick Tel: 63837466 email: patricktia@sparkcarcare.com
Brenda Tel: 63837730 email: brendang@sparkcarcare.com
Rohani tel: 63837890 email: rohanim@sparkcarcare.com

Back-end Operation
Ngo Toh Wee Tel: 63837656 email: ngotw@sparkcarcare.com
Andrew Tel: 63837362 email: andrewcorneliusgoh@sparkcarcare
William Tel: 63838115 email: williamwangks@sparkcarcare.com

9827.94

-20%: 7850

Name of Surveyor : Guo Qiang - 82880282.

Company : LKK

Survey conducted on : 24/2/2021

Remarks By Surveyor : After repair photos.

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : 8-9 day(s)

(c) Resurvey : Required / Not Required

(d) Excess : $

(e) Signature of surveyor : Date:

Spark Car Care

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

Spare Parts

Vehicle No : **GBD1227L** Case Owner : **0**

Make & Model : **MIT CANTER** Year Manufacture : **2014**

Chassis No : **FEA01BA00242** Engine No : **0**

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	FRT PANEL / Brc	1		$ 2,110.81	✓		
2	FRT PANEL EMBLEM 'FUSO' / MCC	1		$ 107.24	✓		
3	FRT GRILLE X Repair	1		$ 426.72			
4	FRT GRILLE LOGO / MCC	1		$ 57.12	✓		
5	FRT GRILLE EMBLEM 'CANTER' / MCC	1		$ 78.81	✓		
6	FRT GRILLE GARNISH / Cut.	1		$ 570.67	✓		
7	LH HEADLAMP / CPA	1		$ 554.65	✓		
8	LH FRT SIDE LAMP / CPA	1		$ 186.41	✓		
9	LH FRT SIGNAL LAMP / CPA.	1		$ 294.64	✓		
10	LH FRT CORNER PANEL / CPA	1		$ 505.14	✓		
11	FRT BUMPER / BT	1		$ 879.92	✓		
12	FRT BUMPER SIDE GANISH LH / Cut	1		$ 340.62	✓		
13	FRT NUMBER PLATE / BT	1				$ 35.00	✓
14	LH WING MIRROR / Cut.	0		$ 89.91	✓		
15	LH FRT DOOR X Repair	0		$ 1,827.61			
16	LH FRT DOOR STICKER / MCC.	0				$ 200.00	15a ✓
17	LH FRT DOOR ADDRESS STICKER / MCC.	0				$ 10.00	✓
18	TAILGATE / Brc	0		$ 1,980.39	✓		
19	TAILGATE STICKER /	0				$ 200.00	15a ✓
20	TAILGATE 70KM STICKER / MCC.	0				$ 10.00	✓
21	TAILGATE 6 PAX STICKER / MCC.	0				$ 10.00	✓
22	TAILGATE LOCK LH / BT	0		$ 198.20	✓		
23	TAILLAMP LH / CPA	0		$ 268.06	✓		
24	LH REAR CORNER STOPPER BRACKET / BT	0		$ 88.00	✓		
25	LH SIDEGATE X Repair	0		$ 2,241.09			
26	LH SIDEGATE STICKER / MCC	0				$ 200.00	15a ✓
27	0	0					
28	0	0					
29		0					
30		0					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

515

8310.59

24/02/2021

-25%: 6232.94

9:51 AM

Spark Car Care

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

Labour

Vehicle No. : **GBD1227L** Case Owner : **0**

Make & Model : **MIT CANTER** Year of Manufacture : **2014**

S/No	Labour Description	Esimated Price	Adjusted Price
	TO CUT, KNOCK AND RENEW FRT PANEL, LH FRT CORNER PANEL,		
	FRT BUMPER, HEADLAMP, FRT GRILLE, LH FRT DOOR, LH		
	SIDEGATE, TAILGATE, LH REAR CORNER STOPPER BRACKET AND		
	ETC 240	$1,920.00	1320.
	TO PUTTY AND RESPRAY FRT PANEL, FRT GRILLE, FRT BUMPER,		
	LH FRT DOOR, LH SIDEGATE, TAILGATE, LH REAR CORNER		
	STOPPER BRACKET AND ETC 250.	$1,700.00	1500.
	TO TRANSFER DOOR INNER PARTS FROM DAMAGE TO NEW		
	DOOR	$120.00	X NN
	TO REMOVE AND INSTALL DASHBOARD	$240.00	✓
	TO CHECK WIRE AND LIGHTING	$50.00	20.

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 witholding 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	28/01/2021 12:55 (SGT)
Date of Accident	27/01/2021 13:55 (SGT)
Exact Location of Accident	17 Sungei Kadut Street 3, Singapore 729148
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1227L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BESTPRO ENGINEERING PTE LTD
Company Reg No	2XXXXX510N
Email Address	BESTPRO@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-91008189
Alternative Phone No	(Office) +65-62650042

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Goods vehicle

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPCVE001714
Cover Note Number	-

DRIVER

Name of Driver	ER HUA TEE
NRIC No	SXXXX228D
Date Of Birth	18/11/1954
Occupation	Outdoor

ate Of Driving Pass	11/03/1976
Driving experience	44 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91008189
Alt. Phone Number	-
Email Address	BESTPRO@SINGNET.COM.SG
Address	BLK 739 WOODLANDS CIRCLE #07-401
Address complement	-
Postcode	730739
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Parked Vehicle
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

REFER TO SKETCH PLAN

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	XE1028D
Vehicle Manufacturer	Hino
Vehicle Model	Sh1eema-kas
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	HAN ZHAOHUI
Passport No/FIN	GXXXX765X
Contact Number	(Phone) +65-97533053
Address	-
Address complement	-
Postcode	-

surance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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. 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 centre 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

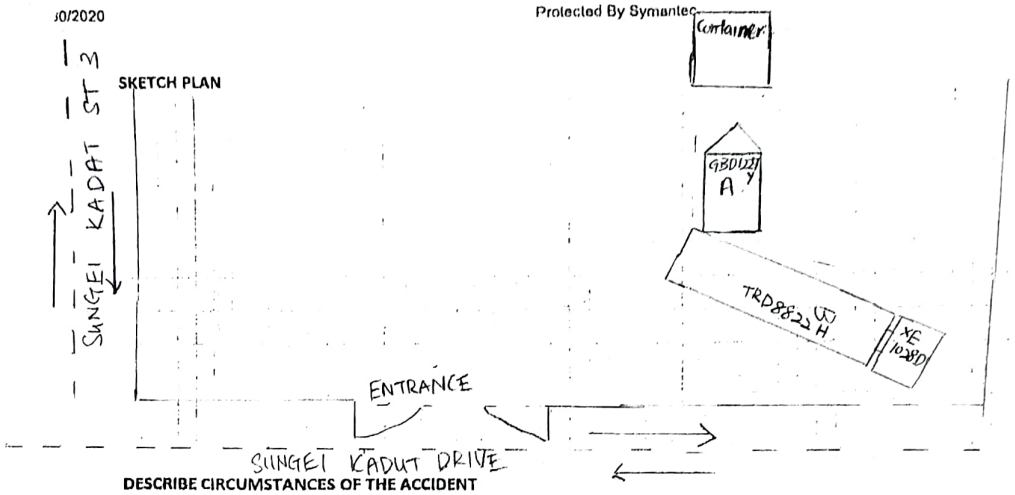
X

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.:

SKETCH PLAN #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My lorry, GBD1227L "A" was parked stationery in front of a container site office on a clear, dry weather inside 17 Sungei Kadut Street 3 Singapore 729148. Vehicle B, a trailer with crane (TRB8822H attach with Prime Mover XE1028D) reverse to its left and when it got closer to my lorry's rear, I did shout out to him when I saw it. but driver cannot hear me. Vehicle B hit my lorry's rear deck and the impact pushed my lorry forward and turned right My lorry, vehicle A also hit the right corner of the container site office.

DECLARATION

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

X

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.: