ASS. REC. BY: Kenneth

REF: CTL / 21005860 / kqf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Spark Car

of _____

Insured: _____

Policy No. _____

Claims No. _____

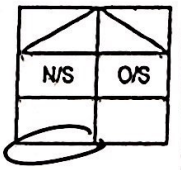
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMM2866H Yr Regn: 06, 19

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

Make: Toy Vios (A) c.c 1496

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

Sp.Reading 55820 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR2B23-3207177951

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/60R15

R: _____

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	2 mm
L/Bal.	3 mm	L/Bal.	2 mm
D.O.A.	10/5/21	D.O.I.	18/5/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
/	19/05/21@4.48pm revised to Kah Leong via Merimen.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

SPARK CAR CARE
ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TP

Ins Company : III VS CHINA TIPING

Excess :

Date of Accident : 5/10/2021

Suggested Days of Repair :

Vehicle No. : SMM2866H

Make & Model : TOYOTA VIOS

Year of Manufacture : 2019

Chassis No. : MR2B23F3201177951

Engine No. :

Policy No. :

Time of Accident : 1310

In-house Vehicle Assessor

Case Owner :

Signature :

Repair Estimates

Parts (a) Cost / List Price Items		$ 1,840.59
Plus/Less 25%		$ 460.15
Total of Cost / List		$ 1,380.44
(b) Nett Price Items		$ -
Less		
Total of Nett Item		
(c) Special Nett Items		$ 260.00
Total Parts Cost (Appendix A)		$ 1,640.44
Labour (Appendix B)		$ 2,040.00
Total Repair Cost		$ 3,680.44

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

Not Authorised
Repair B4 paint

Name of Surveyor : Kenneth

Company : CICC

Survey conducted on : 18/5/21 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 : Date: 18/5/21

Spark Car Care

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

Spare Parts

Vehicle No : **SMM2866H**

Case Owner : **0**

Make & Model : **TOYOTA VIOS**

Year Manufacture : **2019**

Chassis No : **MR2B23F3201177951**

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	BOOTLID	1		$ 667.21			
2	BOOTLID LOGO	1		$ 66.72			
3	BOOTLID EMBLEM 'VIOS'	1		$ 58.73			
4	BOOTLID EMBLEM 'E'	1		$ 59.64			
5	BOOTLID LOCK	1		$ 322.49			X
6	BOOTLID STICKER' 619'	1				$ 80.00	
7	REAR BUMPER	1		$ 388.92			
8	REAR BUMPER SIDE RETINER LH	1		$ 113.44			?
9	REAR BUMPER SIDE RETINER RH	1		$ 113.44			X
10	REAR BUMPER CLIPS	10		$ 50.00			
11	REAR BUMPER STICKER	1				$ 180.00	12 OJA
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					
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.

Spark Car Care

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

Labour

Vehicle No. : **SMM2866H** Case Owner : **0**

Make & Model : **TOYOTA VIOS** Year of Manufacture : **2019**

S/No	Labour Description	Esimated Price	Adjusted Price
	TO KNOCK, STRAIGHTEN AND RENEW ACCIDENTA REA SUCH AS		
	BOOTLID, REAR BUMPER, REAR END PANEL AND TEC	$850.00	480
	TO PUTTY AND RESPRAY ACCIDENT AREA SUCH AS BOOTLID,		
	REAR BUMPER, REAR END AND ETC	$800.00	Free 50%
	TO APPLY TUFF COAT	$150.00	30
	TO REMOVE AND INSTALL SPARE TYRE, TOP BORAD TO FACILITALE		
	REPAIR	$240.00	7

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: 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 Submission	11/05/2021 12:35 (SGT)
Date of Accident	10/05/2021 13:20 (SGT)
Exact Location of Accident	Aft Paya Lebar Rd, Singapore
Additional Location Information	TAI SENG ST TOWARDS AIRPORT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM2866H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO DRIVING CENTRE PTE LTD
Company Reg No	1XXXXX882C
Email Address	daryltan@cdc.com.sg
Mobile Phone No	(Phone) +65-91153765
Alternative Phone No	+65-91153765

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Manual
CC	1496

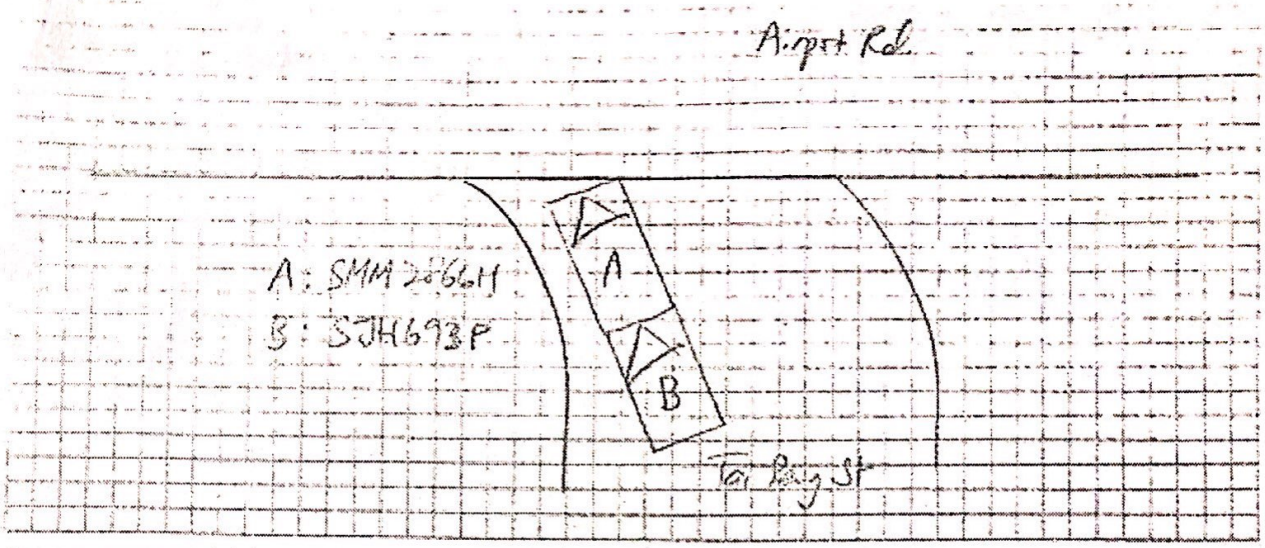
INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0000618_01
Cover Note Number	-

DRIVER

Name of Driver	FAITH YAP YEE FAY
NRIC No	TXXXX525A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10 May 2021, at about 1320 hours, I was stopping at Tai Seng St when a 3rd party vehicle (B: SJH693P) suddenly collided into the rear of my vehicle (A: SMM 2866H).

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:

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