

ASS. REC. BY:

REF:

CS/ CT2/ 210067701kvC

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/LWS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SLV 2900G

Policy No. DMPCSNW00176372002

Claims No. SNM21D203382/C02/THAMYL

Sum Insured:

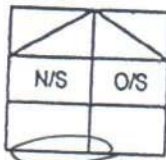
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

1.8.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PLS 74905

Yr Regn:

10.17

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

Truck / Trailer or

Make:

M/S Qashgar

c.c

1197

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

28327

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

STNFEA J114 2016684

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:

215/60R17

R:

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

Continental

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

7/6/21

D.O.I.

17/6/2021

Survey held at

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

Rear n/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

23/6 81568.90 Confirm (Red 490,24%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 29/6/21-Typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL


Report Format: Merimen

Lump Sum / I.B.I: (\$ 1568.90)

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MFL0000326_01		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	:	SLS7490E
Chassis No	:	SJNFEAJ11U2016684
2. Name of Policyholder	:	COMFORTDELGRO RENT-A-CAR PTE LTD
3. Effective date of Insurance	:	01 Jan 2021
4. Expiry date of Insurance	:	30 Jun 2022
5. Persons or Classes of Persons entitled to drive*		
Any person who is driving on the Policyholder's order or with their permission.		
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle		
6. Limitations as to use*		
Use only for social domestic and pleasure purposes in connection with the Policyholder's business.		
The Policy does not cover		
(1) Use for hire or reward		
(2) Use for racing, pace-making, reliability trial or speed-testing.		
(3) Use for the carriage of goods (other than samples) in connection with any trade or business.		
(4) Use for any purposes in connection with the Motor Trade.		
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		
Windscreen Excess	:	SGD 100.00
Hire Purchase Company	:	N.A
EXCESS: AS PER POLICY SCHEDULE		
I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).		
Agent/Broker	:	B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD
Date of Issue	:	29/12/2020 22:10:44
MZ406 - Hire Car (Hired Driving)		
		For India International Insurance Pte Ltd
		
		Authorised Signatory



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	09/06/2021 12:50 (SGT)
Date of Accident	07/06/2021 11:55 (SGT)
Exact Location of Accident	Moulmein Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7490E
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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) +65-83097995
Alternative Phone No	(Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	Auto
CC	1197

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0000326_01
Cover Note Number	-

DRIVER

Name of Driver	REES JONATHAN DAVID
Passport No/FIN	GXXXXX920R



Date Of Birth	13/12/1977
Occupation	Outdoor
Date Of Driving Pass	21/09/2017
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83097995
Alt. Phone Number	-
Email Address	REESJONATHAN@GMAIL.COM
Address	276 OCEAN DRIVE #06-31
Address complement	-
Postcode	098449
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	Collision - U-Turn
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FAY
Gender	Female

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 07.06.2021 AT AROUND 1155HRS, I WAS DRIVING MY VEHICLE A SLS7490E ON MOULMEIN ROAD ON THE EXTREME RIGHT LANE. I WAS STATIONARY AS THERE WAS A ROW OF VEHICLES AHEAD OF ME STATIONARY WANTING TO TURN RIGHT ONTO SINARAN DRIVE. VEHICLE B SLV2900G MADE A U TURN FROM THE OPPOSITE DIRECTION AND HIT MY REAR RIGHT BUMPER. THERE WAS DAMAGES ON THAT AREA. THERE WAS NO INJURIES.

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	SLV2900G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOE WEI JIE
NRIC No	SXXXX937H
Contact Number	(Phone) +65-96613710
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

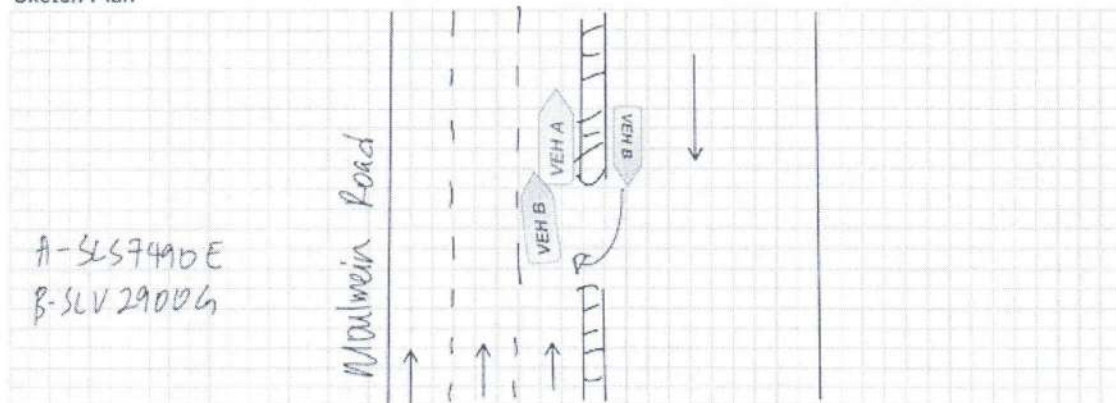
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (KHA)

Sketch Plan



0% 25% 50% 75% 100%

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SLS7490E		
Vehicle Type:	R11 - Private Hire (Self-Drive) Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	NISSAN	Vehicle Model:	QASHQAI 1.2 DIG-T CVT
Chassis No.:	SJNFEAJ11U2016684	Engine No.:	HRA2485095A
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1197 cc	Power Rating:	-
Maximum Power Output: 85.0 kW (113 bhp)			
Unladen Weight:	1325 kg	Maximum Laden Weight:	1790 kg
Primary Colour:	Black	Secondary Colour:	-
First Registration Date:	03 Oct 2017	Original Registration Date:	03 Oct 2017
Manufacturing Year:	2017	Open Market Value:	\$19,881.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$7,440.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$19,881.00 (100%)
Actual ARF Paid:	\$14,881.00		

Owner Particulars

Owner Name: COMFORTDELGRO RENT-A-CAR PTE LTD

Owner ID Type: Company

Owner ID: 198105775H

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 205

Registered Street Name: BRADDELL ROAD

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 579701

COE No. / Expiry Date: 2017100101001136H / 02 Oct 2027

COE Bid Category: A - Car up to 1600cc & 97kW (130bhp)

QP Paid: \$36,001.00

Transaction Details

Business Transaction Ref. No.: 20171003141206833209

Business Transaction Date: 03 Oct 2017

Business Transaction Time: 14:12:06

Describe Circumstances of the Accident

ON 070621 AT AROUND 1155HRS, I WAS DRIVING MY VEHICLE A SLS7490E ON MOULMEIN ROAD ON THE EXTREME RIGHT LANE. I WAS STATIONARY AS THERE WAS A ROW OF VEHICLES AHEAD OF ME STATIONARY WANTING TO TURN RIGHT ONTO SINARAN DRIVE. VEHICLE B SLV2900G MADE A U TURN FROM THE OPPOSITE DIRECTION AND HIT MY REAR RIGHT BUMPER. THERE WAS DAMAGES ON THAT AREA. THERE WAS NO INJURIES.

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 7/6/21 1410

Witnessed by Reporting Centre
Personnel KHA1



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TPVehicle No. : SLS7490EMake & Model : NISSAN QASHQAIYear of Manufacture : 2017Chassis No. : SJNFEAJ11U2016684Ins Company : III VS CHINA TAIPING

Engine No. : _____

Excess : _____

Policy No. : _____

Date of Accident : 6/7/2021Time of Accident : 1155

Suggested Days of Repair : _____

In-house Vehicle Assessor**Repair Estimates**Parts (a) Cost / List Price Items \$ 797.00Plus/Less 30% 10% \$ 239.10Total of Cost / List \$ 557.90(b) Nett Price Items \$ -

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ 280.00Total Parts Cost (Appendix A) \$ 837.90Labour (Appendix B) \$ 1,040.00Total Repair Cost \$ 1,877.90 2058.90

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

Case Owner : _____

Signature : _____

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.com

William Tel: 63838115 email: williamwangks@sparkcarcare.com

Not Authorized
Runway Repair

Name of Surveyor : KennethCompany : LKKSurvey conducted on : 17/6/21 at _____**Remarks By Surveyor**(a) The repair of this vehicle is not 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 : Le Date: 16/7/21

Tel: 63837168 / 63837466 Fax: 62815767

Year of Manufacture : 2017

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.

Spark Car Care

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

Spare Parts

Vehicle No : SLS7490E Case Owner : 0

Make & Model : NISSAN QASHQAI Year Manufacture : 2017

Chassis No : SJNFEAJ11U2016684 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	REAR BUMPER	1	<i>Bu 100</i>	\$ 797.00	✓		
2	REAR BUMPER SENSOR	1			<i>CM</i>	\$ 280.00	✓
3	0 4 4 <i>ton cover</i>	1	<i>nd</i>	<i>24.00</i>	✓		
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					
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.