



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TPVehicle No. : SMY3746BMake & Model : MAZDA3 M-HYBRIDYear of Manufacture : 2021Chassis No. : JM6BP2SAAM1107114Ins Company : III VS CHINA TAIPING

Engine No. : _____

Excess : _____

Policy No. : _____

Date of Accident : 8/7/2021Time of Accident : 1130

Suggested Days of Repair : _____

In-house Vehicle Assessor**Repair Estimates**

Case Owner : _____

Signature : _____

Parts (a) Cost / List Price Items \$ -

Contact No

Plus/Less 20% \$ -

Frt Counter Operation

Total of Cost / List \$ -

Brenda Tel: 63837730 email: brendang@sparkcarcare.com

Rohani tel: 63837890 email: rohanim@sparkcarcare.com

(b) Nett Price Items \$ -

Less _____

Total of Nett Item _____

Back-end Operation

Ngo Toh Wee Tel: 63837656 email: ngotw@sparkcarcare.com

Patrick Tel: 63837466 email: patricktia@sparkcarcare.com

(c) Special Nett Items \$ -

Total Parts Cost (Appendix A) \$ -

Labour (Appendix B) \$ 2,800.00

Total Repair Cost \$ 2,800.00

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

Name of Surveyor : _____

Company : _____

Survey conducted on : _____ at _____

Remarks By Surveyor

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

(b) Recommended Days of Repair : _____ 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 : SMY3746B Case Owner : 0

Make & Model : MAZDA3 M-HYBRID Year Manufacture : 2021

Chassis No : JM6BP2SAAM1107114 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					
2	REAR BUMPER REINFORCEMENT	1					
3	REAR BUMPER TOW COVER LH	1					
4	REAR BUMPER REFLECTOR LH	1					
5	REAR BUMPER SIDE RETAINER LH	1					
6	REAR BUMPER CLIPS	1					
7	REAR BUMPER SENSOR OUTER LH	1					
8	TAILLAMP	1					
9	TAILLAMP SIDE COVER	1					
10	REAR WINDSCREEN MOULDING	1					
11	SEALANT	1					
12	INNER SEAL	1					
13	LH REAR FENDER	1					
14	LH REAR FENDER INNER SHIELD	0					
15	LH REAR FENDER INNER SHIELD CLIPS	0					
16	LH REAR FENDER INNER TRIM BORAD	0					
17	LH REAR LOWER ARM	0					
18	LH REAR KNUCKLE ARM	0					
19	LH REAR KUUCKLE BEARING WITH HUB	0					
20	LH REAR SHOCK ABSORBER	0					
21	LH REAR ABS SENSOR	0					
22	LH REAR RIM '16	0					
23	TYRE YOKOHAMA BLUEARTH GT 205/60 R16	0					
24	REAR EXHAUST PIPE	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.

Tel: 63837168 / 63837466 Fax: 62815767

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	07/08/2021 15:09 (SGT)
Date of Accident	07/08/2021 11:30 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY3746B
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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) +65-96436136
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 use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

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	LING ZI HAO
NRIC No	SXXXX609D



Date Of Birth	22/04/1986
Occupation	Outdoor
Date Of Driving Pass	04/09/2007
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96436136
Alt. Phone Number	-
Email Address	dannyng@cdgrentacar.com.sg
Address	BLK 314B ANCHORVALE LINK #06-121
Address complement	-
Postcode	542314
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

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 07/08/2021, I WAS DRIVING VEHICLE A, SMY3746B. I WAS TRAVELLING ALONG UPPER SERANGOON ROAD TOWARDS ORCHARD. I WAS IN A STATIONARY POSITION AS IT WAS A RED LIGHT. SUDDENLY I FELT AN IMPACT AND A LOUD BANG COMING FROM MY LEFT REAR SIDE. I REALIZED VEHICLE B HAS REAR ENDED AND COLLIDED WITH MY VEHICLE.

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	SLQ3732U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91910609
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

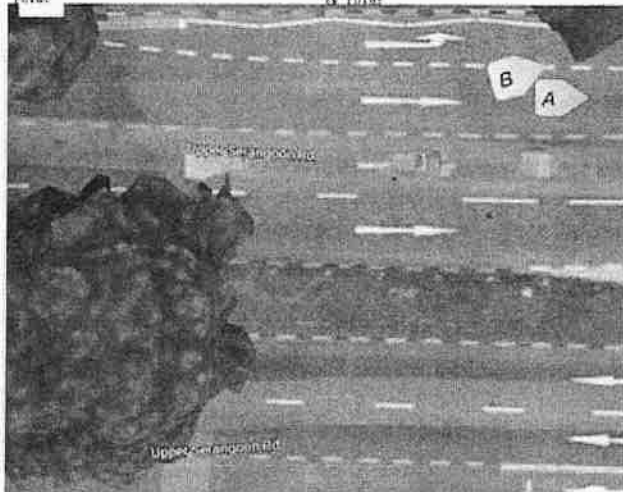
IMPORTANT NOTICE

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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 to 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 MD NADZIN



A - SMV 3746B

B - SLQ 3732U

Describe Circumstances of the Accident

ON 07/08/2021, I WAS DRIVING VEHICLE A, SMY3746B. I WAS TRAVELLING ALONG UPPER SERANGOON ROAD TOWARDS ORCHARD. I WAS IN A STATIONARY POSTION AS IT WAS A RED LIGHT. SUDDENLY I FELT AN IMPACT AND A LOUD BANG COMING FROM MY LEFT REAR SIDE. I REALISED VEHICLE B HAS REAR ENDED AND COLLIDED WITH MY VEHICLE.

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

Witnessed by Reporting Centre Personnel

13:05 07.08.21

MONA RIN