

ASS. REC. BY:

REF:

C72/ 71008919/K_gC

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No. SNM21D204427/C02

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: 9 ~~07~~ days

Res.: Yes or No

Lum Sum:

1. B. / %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SMY 3746B Yr Regn: 03, 21

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

Truck / Trailer or

Make:

Mazda 3 c.c. 1496

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

40262

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM6BP2SAM1107114

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

7/8/21

D.O.I.

25/8/2021

Survey held at

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

Rear N/S & U/C

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

26/08/21 @ 3.19pm revised to Pauline Tham via Merimen. (pending for parts prices)

Kenneth confirmed final fig \$10242.56 (Red \$1776.88, 15%)

Date/Time, File Pass to?

☐

Prell. Report

11/13/10 Typist

☐

Final Report

Date/Time, File Return to?

Days Of Repair:

9

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S - R.S. \$

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: MER-TP

Lump Sum / I.B.I: (\$ 10242.56)



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TP

Vehicle No. : SMY3746B

Make & Model : MAZDA3 M-HYBRID

Year of Manufacture : 2021

Chassis No. : JM6BP2SAAM1107114

Ins Company : III VS CHINA TAIPING

Engine No. : _____

Excess : _____

Policy No. : _____

Date of Accident : 8/7/2021

Time of Accident : 1130

Suggested Days of Repair : _____

In-house Vehicle Assessor

Repair Estimates

Case Owner : _____

Signature : _____

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

Plus/Less 20% \$ -

Total of Cost / List \$ -

(b) Nett Price Items \$ -

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ -

Total Parts Cost (Appendix A) \$ -

Labour (Appendix B) \$ 2,800.00

Total Repair Cost \$ 2,800.00

Contact No

Frt Counter Operation

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

Patrick Tel: 63837466 email: patricktia@sparkcarcare.com

*Not Authorized
Resurvey By pain*

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

Name of Surveyor : Kenneth
Company : CKK
Survey conducted on : 25/8/21 at _____

Remarks By Surveyor

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

(b) Recommended Days of Repair : 07 day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : Le Date: 25/8/21

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 <i>RM</i>	1					✓
2	REAR BUMPER REINFORCEMENT	1					?
3	REAR BUMPER TOW COVER LH <i>mis</i>	1					✓
4	REAR BUMPER REFLECTOR LH <i>scr</i>	1					✓
5	REAR BUMPER SIDE RETAINER LH <i>CM</i>	1					✓
6	REAR BUMPER CLIPS <i>nu</i>	1					✓
7	REAR BUMPER SENSOR OUTER LH	1					?
8	TAILLAMP <i>CM</i>	1					✓
9	TAILLAMP SIDE COVER <i>dit</i>	1					✓
10	REAR WINDSCREEN MOULDING <i>nu</i>	1					✓
11	SEALANT <i>nu</i>	1					✓
12	INNER SEAL <i>nu</i>	1					✓
13	LH REAR FENDER <i>B</i>	1					✓
14	LH REAR FENDER INNER SHIELD <i>dit</i>	0					✓
15	LH REAR FENDER INNER SHIELD CLIPS <i>nu</i>	0					✓
16	LH REAR FENDER INNER TRIM BORAD	0					?
17	LH REAR LOWER ARM <i>nsp</i>	0					X
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 <i>dit</i>	0					✓
23	TYRE YOKOHAMA BLUEARTH GT 205/60 R16	0					?
24	REAR EXHAUST PIPE	0					?
25	0 LH Rear fender air grille <i>dit</i>	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.

14/08/2021

0.15 AM

Tel: 63837168 / 63837466 Fax: 62815767

Case Owner	:	<u>0</u>
Year of Manufacture	:	<u>2021</u>

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

IMPORTANT NOTICE

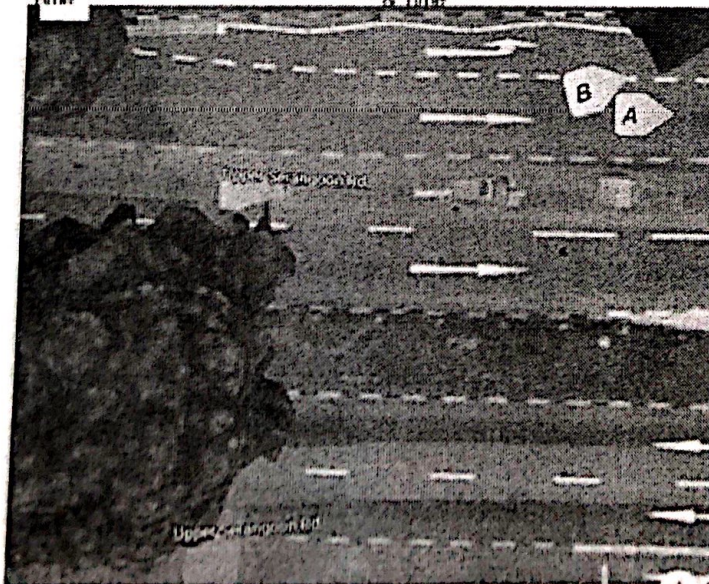
SKETCH PLAN

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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 MD NARIN



13:05 07.08.21

A - SMY3746B

B - SLQ3732U