

Kennerh

TO / 21012729/kg³

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. MFL2021D0005215

Sum Insured: _____ Excess: 750

(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: 850k

IDAC Accident Report: _____ Consistent?: Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKS 5437K Yr Regn: 04, 15

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

Truck / Traller or _____

Make: MIP Outlander c.c. 2300

Colour: M.D. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 78445 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMYXT GF 3WPF 001782

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / Rlm or

Tyre Size: F: 225/55R18

R: _____

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 28/11/21 D.O.I. 18/12/2021

Survey held at _____

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

MS 157

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

Date / Time Action / Instruction

17/12/21 @ 10.44am have checked with Mr Ngo, the vehicle repair on LS basis.

17/12/21 @ 10.46am revert to Derrick Tan via Merimen.

20/12/21 @ 10am Derrick informed C/A via Merimen.

20/12/21 @ 10.43am Informed Mr Ngo C/A & ex: \$750 by email.

Date/Time, File Pass to?

☐: Prell. Report

1)

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Fees

Others

TOTAL

Report Format :

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

Add Fee: ☐: Site Insp (\$)☐: Interview (\$)☐: Tech Invs (\$)☐: Weekend (\$)

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

205 Braddell Road
Singapore 579701
Tel: 63838115 Fax: 62815767/65462533 Email: choojy@cdge.com.sg

INSURER:

India International Insurance Pte Ltd (HQ)

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	28/11/2021
Policy No:	D20MFL0000326_01	Date of Loss:	28/11/2021
Vehicle Reg. No.:	SKS5437K	Driveable?	UNKNOWN
Driver Age/Info:		Party At Fault:	YES
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	COMFORTDELGRO RENT-A-CAR PTE LTD		
Driver:	MOORE ROGER THOMAS		

Make/Model:	MITSUBISHI OUTLANDER, 2.4 2.4 CVT AWD S/R FACE (A)	Vehicle Reg. Date:	23/04/2015
Vehicle Colour:	BLUE	Chassis No:	JMYXTGF3WFZ001782
Engine No:	4B12PJ5643		
Odometer:	10000 KM		
Paint Type:			
List Item Discount:	10.00 %	Nett Item Discount:	10.00 %
Total Loss?	NO		
Est. Duration of Repair (day)	5/4 days		

Not Authorized
1. A. 1, 11 Rm & ?
EX. TBA

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

COST OF CLAIMS	Amount
Parts	2,641.50
Miscellaneous Items	11.00
Labour	1,330.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	3,982.50
+ GST 7.00% (\$\$)	278.78
Nett Amount (\$\$)	4,261.28

This claim is handled by: NGO TOH WEE

Generated using Merimen e-Claims Internet Estimation & Adjusting System

MRM-SG Version: 1.0 (Last Synchronised: 16 Dec 2021)

M1-SUV MITSUBISHI OUTLANDER 2.4 2.4 CVT AWD S/R FACE (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SKS5437K/16/12/2021 10:56

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars		%Disc	%Depr	Amount
1	1		*FRT BUMPER	CM	10.00	0.00	*1,036.00 FL
2	1		*FRT BUMPER SIDE RETAINER LH	CM	10.00	0.00	*19.00 FL
3	1		*FRT BUMPER SIDE GARNISH LH	Dis	10.00	0.00	*87.00 FL
4	1		*HEADLAMP LH		10.00	0.00	CM *860.00 FL
5	1		*LH FRT FENDER		10.00	0.00	R *605.00 FL
6	1		*LH FRT FENDER INNER SHIELD		10.00	0.00	su *148.00 FL
7	10		*LH FRT FENDER INNER SHIELD CLIPS		10.00	0.00	nn *30.00 FL
8	1		*LH FRT FENDER INNER GARNISH	Bu	10.00	0.00	*150.00 FL

F=Franchise part, L=ListItemDisc.

Sub Total (\$\$) 2,935.00

- List Item Discount on L Items (\$\$) 293.50

Total Parts (\$\$) 2,641.50

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Miscellaneous Items

Amount

Labour Items

OD/TP Case (Insurer)

11.00

Sub Total (\$\$)

11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	TO KNOCK, STRAIGHTEN AND RENEW ACCIDENT AREA SUCH AS BONNET, FRT BUMPER, LH FRT FENDER, HEADLAMP LH AND ETC	New	400/ 480.00
2	TO PUTTY AND RESRPAY ACCIDENT AREA SUCH AS BONNET, FRT BUMPER, LH FRT FENDER AND ETC	New	800/ 800.00
3	TO CHECK WIRING AND LIGHTING	New	50.00
Gross Labour Cost (\$\$)			1,330.00

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< END OF 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 is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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 29/11/2021 12:11 (SGT)
 Date of Accident 28/11/2021 14:15 (SGT)
 Exact Location of Accident Woodlands Sector 2, Singapore
 Additional Location Information
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS5437K

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) +65-81948552
 Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Mitsubishi
 Model Outlander
 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? Yes
 Vehicle Category Private car
 Transmission Auto
 CC 2360

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 MOORE ROGER THOMAS
 Work Permit No GXXXX804Q

Accident report SJ0421BT0007

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 willful 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

Sketch Plan

