

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Cum Per

of _____

Insured: _____

Policy No. _____

Claims No. SNM210207259/002

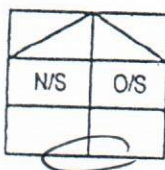
Sum Insured: _____ Excess: _____

(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: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

11/23

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: CRB4086 Yr Regn: 02 09

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

Truck / Trailer or

Make: Renault Kangoo c.c. 1461Colour: White A/C: Insured / Std / NI / NASp. Reading: 129305 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF11FC1 EAF 38795251

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: PavantiR: Humho 165/70R14

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 8 mm R/Bal. 4 mmL/Bal. 8 mm L/Bal. 4 mmD.O.A. 10/12/21 D.O.I. 18/12/2021

Survey held at _____

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

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

Date / Time Action / Instruction

19/11/22 @ 2550h Carw 20/1/22 CRD @ 2633.05, 51%.

28/01/22 @ 4.30pm revised to 50 chow via Mervin.

Date/Time, File Pass to?

1) 28/1/22

Date/Time, File Return to?

2)

☐ : Prel. Report☐ : Final ReportDays Of Repair: 4

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Report Format:

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

over tp2550



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TPVehicle No. : GBB4086SMake & Model : RENUALT KANGOOYear of Manufacture : 2009 /EXP 2023 NOVChassis No. : VF1FC1EAF38795251Ins Company : GE VS china

Engine No. : _____

Excess : _____

Policy No. : _____

Date of Accident : 10/12/2021

Time of Accident : _____

Suggested Days of Repair : _____

In-house Vehicle Assessor

Repair EstimatesCase Owner : BRENDA NG

Signature : _____

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

Plus/Less \$ -

Total of Cost / List \$ -

(b) Nett Price Items \$ -

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ 250.00

Total Parts Cost (Appendix A) \$ 250.00

Labour (Appendix B) \$ 1,950.00

Total Repair Cost \$ 2,200.00

Contact No

Frt Counter Operation

63837103 - Patrick Tia

PatrickTia@sparkcarcare.com

63837730 - Brenda Ng

BrendaNg@sparkcarcare.com

63837466 - Rohani

RohaniM@sparkcarcare.com**Workshop Operation**

63837656 - Ngo Toh Wee

Ngotw@sparkcarcare.com

63838115 -

63837362 -

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

Name of Surveyor : Henrich
 Company : SPK
 Survey conducted on : 16/12/21 at _____

Remarks By Surveyor(a) The repair of this vehicle is not authorized / is not authorized until further notice.(b) Recommended Days of Repair : 04 day(s)(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : Pe Date: 16/12/21

Spark Car Care

ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701)

Tel: 63837168 / 63837466 Fax: 62815767

Spare Parts

Vehicle No : GBB4086S Case Owner : BRENDA NG

Make & Model : RENUALT KANGOO Year Manufacture : _____

Chassis No : VF1FC1EAF38795251 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>685.60 Bu</i>	1			<i>745</i>		<i>✓</i>
2	REAR BUMPER LH COVER	1		<i>Sm</i>	<i>340</i>		<i>X</i>
3	REVERSE SENSOR	1		<i>Sm</i>		\$ 250.00	<i>X</i>
4	LH BACK DOOR <i>Ru</i>	1			<i>1149.50</i>		<i>✓</i>
5	LH BACK DOOR GLASS <i>Shatter</i>	1			<i>340</i>		<i>✓</i>
6	LH BACK DOOR GLASS WEATHER STRIP <i>Mex</i>	1			<i>220</i>		<i>✓</i>
7	LH BACK DOOR LOWER GARNISH <i>170 Ru</i>	1			<i>300</i>		<i>✓</i>
8	LH BACK DOOR RENAULT EMBLEM <i>90 na</i>	1			<i>170</i>		<i>✓</i>
9	REAR NO. PLATE W/CASING(SILVER/EMBOSS) <i>Ru</i>	1				<i>45</i>	<i>X</i>
10	0	1					
11	0	1					
12	0	1					
13	0	1		<i>108</i>			
14	0	1					
15	0	1					
16	0	1					
17	0	1					
18	0	1					
19	0	1					
20	0	1					
21	0	1					
22	0	1					
23	0	2					
24	0	1					
25	0	1					
26	0	1					
27	0	1					
28	0	1					
29	0	1					
30	0	1					

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: 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

Year of Manufacture : 2009 /EXP 2023 NOV

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	11/12/2021 10:23 (SGT)
Date of Accident	10/12/2021 15:28 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS TUAS BETWEEN EXIT 17 AND EXIT 19
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4086S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE TELECOMMUNICATIONS LIMITED
Company Reg No	1XXXXX624D
Email Address	chowpeng@singtel.com
Mobile Phone No	(Phone) +65-63463809
Alternative Phone No	+65-63463809

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Kangoo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	LIM WEE SAN
NRIC No	SXXXX629G

Date Of Birth	28/12/1983
Occupation	Indoor
Date Of Driving Pass	11/08/2003
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81816720
Alt. Phone Number	-
Email Address	limweesa@singtel.com
Address	BLK 430A BEDOK NORTH ROAD #05-419
Address complement	-
Postcode	461430
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLEASE REFER TO ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB6756S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	AMRITPAL SINGH
Passport No/FIN	GXXXXX12K
Contact Number	-
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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

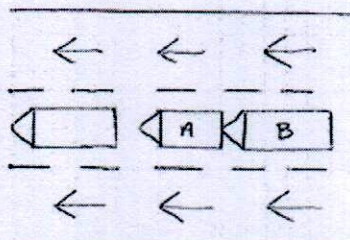
Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TOWARDS TUAS

A: 6BB 4086S

B: CB6756S



Describe Circumstances of the Accident

PIE TOWARDS TIAS BETWEEN EXIT 17 & EXIT 19

GBB 40865
(my van)

CB 64565
(OTHER PARTY)

OTHER PARTY INFORMATION	IN-CHARGE CONTACT
COMPANY : AKP COACH SERVICES PTE LTD	PARMEGH SINGH
DRIVER : AMRITPAL SINGH	84884547.
SPASS : G2083512K	

WEATHER : LIGHT RAIN
ROAD : WET.

ACCIDENT TOOK PLACE ON PIE TOWARDS TIAS BETWEEN EXIT 17 & EXIT 19

I WAS DRIVING ON PIE TOWARDS TIAS SUDDENLY THE LORRY IN FRONT OF ME STARTED TO SLOW DOWN SO I DID THE SAME THING OUT OF THE SUDEN I GOT HIT BY THE VEHICLE BEHIND ME.

Declaration

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