

ASS. REC. BY:

REF:

C12/ 22 0004 95/Kv

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. _____

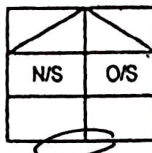
Claims No. _____

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: 03 days Res.: Yes or NoLum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMJ 7679P Yr Regn: 03, 19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Prius c.c. 1798Colour: M.P. White A/C: Insured / Std / NI / NASp. Reading: 186071 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU403080017Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 9/1/22

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 14/1/2022

Survey held at _____

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Report Format :

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



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TPVehicle No. : SMJ7679PMake & Model : TOYOTA PRIUSYear of Manufacture : 2018Chassis No. : JTDKB3FU103080017Ins Company : III VS CHINA TAIPING

Engine No. : _____

Excess : _____

Policy No. : _____

Date of Accident : 1/9/2022

Time of Accident : _____

Suggested Days of Repair : _____

In-house Vehicle Assessor**Repair Estimates**Parts (a) Cost / List Price Items \$ 3,403.60Plus/Less 10% \$ 340.36Total of Cost / List \$ 3,063.24(b) Nett Price Items \$ -

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ -Total Parts Cost (Appendix A) \$ 3,063.24Labour (Appendix B) \$ -Total Repair Cost \$ 3,063.24

Case Owner : _____

Signature : _____

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
Repairing

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

Name of Surveyor : KennethCompany : CKKSurvey conducted on : 14/1/22 at _____**Remarks By Surveyor**(a) The repair of this vehicle is ~~authorized~~ / is not authorized until further notice.(b) Recommended Days of Repair : 03 day(s)(c) Resurvey : Required / ~~Not~~ Required

(d) Excess : \$ _____

(e) Signature of surveyor : De Date: 14/1/22

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

Spare Parts

Vehicle No : SMJ7679P Case Owner : 0

Make & Model : TOYOTA PRIUS Year Manufacture : 2018

Chassis No : JTDKB3FU103080017 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>RM</i>	\$ 556.70			<i>✓</i>
2	REAR BUMPER SIDE RETAINER LH	1	<i>RM</i>	\$ 117.30			<i>✓</i>
3	REAR BUMPER SIDE RETAINER RH	1	<i>RM</i>	\$ 117.30			<i>✓</i>
4	REAR BUMPER REINFORCEMENT	1		\$ 339.70			<i>?</i>
5	REAR BUMPER LOWER	1	<i>RM</i>	\$ 586.70			<i>✓</i>
6	REAR BUMPER SENSOR	2		\$ 576.00			<i>?</i>
7	REAR BUMPER CLIPS	10	<i>RM</i>	\$ 57.80			<i>✓</i>
8	TAILGATE GARNISH	1	<i>RM</i>	\$ 925.60			<i>✓</i>
9	TAILGATE EMBLEM HYBRID	1	<i>RM</i>	\$ 64.30			<i>✓</i>
10	TAILGATE EMBLEM PRIUS	1	<i>RM</i>	\$ 62.20			<i>✓</i>
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.

Tel: 63837168 / 63837466 Fax: 62815767

Case Owner	:	<u>0</u>
Year of Manufacture	:	2018

Acknowledged by Repairer
Signature: _____
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.

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 10/01/2022 12:28 (SGT)
Date of Accident 09/01/2022 14:25 (SGT)
Exact Location of Accident Braddell Flyover, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ7679P
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) +65-81323994
Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 1798

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D18MFL0003414_02
Cover Note Number -

DRIVER

Name of Driver LUQMAN BIN SAMSURI
NRIC No SXXXX618F

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

07/01/2015

B. B. B.

A	SMJ 7675 P
B	SL2 3255 H
C	SD2 5352 H

