

ASS. REC. BY:

REF:

TV / 220010661KV

Kenneth

## 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. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

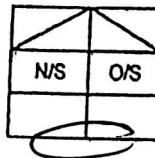
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$31k

IDAC Accident Report: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: YN 8749B

Yr Regn: 08, 15

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

Truck / Trailer or \_\_\_\_\_

Make: Isuzu

N1R85

c.c

2999

Colour: Multi Colour

A/C: Insured / Std / NI / NA

Sp. Reading: 189825

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JAA NTR05E F 7100034

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S/Rlm / STD A/Rlm or

Tyre Size: F: \_\_\_\_\_

R: 195R15X8(10)

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

TOYO / YOKO or

Duraturn

Front

Rear

R/Bal. 8 mm

R/Bal. 9 9 mm

L/Bal. 8 mm

L/Bal. 9 9 mm

D.O.A. 23/1/22

D.O.I. 4/2/2022

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. (\$) \_\_\_\_\_

2/4/22, 12:10 PM

Repairer Estimates

**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:	
Policy No:	D18MFL0001360_03	Date of Loss:	25/01/2022
Vehicle Reg. No.:	YN8749B	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES

**Insured/Claimant:** COMFORTDELGRO CORPORATION LTD & ALL ITS SUBSIDIARIES FOR THEIR RESPECTIVE RIGHTS AND INTERESTS

Make/Model:	ISUZU NJR85AUE6W, 3.0 D (M)	Vehicle Reg. Date:	21/08/2015
Vehicle Colour:	WHITE		
Engine No:	4JJ11Z1683	Chassis No:	JAANJR85EF7100034
Odometer:	189825 KM		

Paint Type:	
List Item Discount:	15.00 %
Total Loss?	NO
Est. Duration of Repair (day)	6

*Not Authorised  
11 By 8  
Repair After Rain  
4 days*

**Present Location: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)**

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	870.50
Miscellaneous Items	11.00
Labour	2,030.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (\$)</b>	<b>2,911.50</b>
<b>+ GST 7.00% (\$)</b>	<b>203.81</b>
<b>Nett Amount (\$)</b>	<b>3,115.31</b>

**This claim is handled by: PATRICK TIA JEE KIANG**

Generated using Merimen e-Claims Internet Estimation &amp; Adjusting System



## AIR DETAILS

## Reference

**Part Source:** (Last Synchronised: 04 Feb 2022)

**Parts:** N/A ISUZU NJR85AUE6W 3.0 D (M) (Model not available in database)

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

**Print Code:** ComfortDelGro Engineering Pte Ltd/YN8749B/04/02/2022 09:53

**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		*REAR LH TAILLAMP	15.00	0.00	C/Ds *130.00 FL ✓
2	1		*REAR NUMBER PLATE	0	0.00	Bs *45.00 FS 25 ✓
3	1		*REAR 60KM/H STICKER	0	0.00	neu *20.00 FS ✓
4	1		*REAR ADDVERTISEMENT STICKER (Inboard ??) neu	0	0.00	*250.00 FS ✓
5	1		*REAR CRASH BAR	15.00	0.00	R1 *500.00 FL ✓
6	1		*REAR 6 PAX STICKER	0	0.00	neu *20.00 FS ✓
F=Franchise part. S=SpcNett. L=ListItemDisc.						
158						
Sub Total (S\$)						965.00
- List Item Discount on L Items (S\$)						94.50
Total Parts (S\$)						870.50

ComfortDelGro Engineering Pte Ltd/YN8749B/04/02/2022 09:53. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

**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:

# Estimates on Miscellaneous Items

Repairer Estimates

## Miscellaneous Items

Qty Particulars

Amount

1	1	OD/TP Case (Insurer)	
			11.00
		<b>Sub Total (S\$)</b>	<b>11.00</b>

## Estimates on Labour

No Particulars

Lab.Type

Amount

### Labour Items

1	TO PANEL BEAT ON REAR TAILGATE ,REAR FLOOR PANEL ,NUMBER PLATE LAMP BRACKET ,REPLACE DAMAGE ITEM AND REALIGN AFFECTED AREAS	New	<i>5001</i> 1,000.00
2	TO PUTTY,RESPRAY ON REAR TAILGATE ,REAR FLOOR PANEL,CRACSH BAR,CHASSIS FRAME ,BRACKET AND AFFECTED AREAS	New	<i>5001</i> 900.00
3	CHECK LIGHTING AND WIRING	New	<i>201</i> 30.00
4	TO INSTALL REAR ADVERTISEMENT STICKER	New	100.00 ?

**Gross Labour Cost (S\$) 2,030.00**

ComfortDelGro Engineering Pte Ltd/YN8749B/04/02/2022 09:53. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >



## 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 ..... 26/01/2022 10:17 (SGT)  
Date of Accident ..... 25/01/2022 14:12 (SGT)  
Exact Location of Accident ..... 776 Upper Bukit Timah Rd, Singapore 678123  
Additional Location Information ..... BESIDE SHELL KIOSK BEFORE HAZEL PARK TERRACE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN8749B

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMFORTDELGRO CORPORATION LTD & ALL ITS  
SUBSIDIARIES FOR THEIR RESPECTIVE RIGHTS AND  
INTERESTS  
Company Reg No ..... 2XXXXXX881W  
Email Address ..... awcm@sbst-dtl.com.sg  
Mobile Phone No ..... (Phone) +65-92984685  
Alternative Phone No ..... +65-98984685

#### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... NJR85AUE6W R1  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 3000

#### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D18MFL0001360  
Cover Note Number ..... -

#### 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

Teb

Driver's Signature (If driver is not the policyholder) / Date & Time

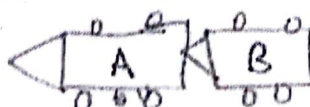
Signature of Reporting Centre Personnel

Witnessed by Reporting Centre Personnel

## Sketch Plan

A: YN8749B

B: SST9625P



SNELL