

ASS. REC. BY:

REF: HWA/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: \$81K

IDAC Accident Rpt: \_\_\_\_\_

Consistent? : Yes or No

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

Consistent? : Yes or No

Est. Repairs: 06 days

Res.: Yes or No

Lum Sum: 1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

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

Vehicle: IN / OUT

Veh No: STU 821814Yr Regn: 08, 18

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

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

Make: SubaruColour: M. D. GreySp. Reading: 47455

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

C/No: TRIS75K05TG 117705Gen. Cond: Good Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

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

R: 225/60R17

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

TOYO / YOKO or Feiten

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 12/2/22

Rear

R/Bal. 9 mmL/Bal. 9 mmD.O.I. 22/2/2022

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

1 Ins regular omitted

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. \$

Fees

Others

TOTAL

Report Format :

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



2/16/22, 2:35 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:

**HL Assurance Pte Ltd (HQ)**

## PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	MP318783	Date of Loss:	12/02/2022
Vehicle Reg. No.:	SJU8218H	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	QUEK YUEN YONG JOHN		

Make/Model:	SUBARU FORESTER, 2.0 I-L CVT AWD SR (A)	Vehicle Reg. Date:	16/08/2018
Vehicle Colour:	GREY		
Engine No:	FB20YE32349	Chassis No:	JK1SJ5KC5JG111705
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	6 ✓		

*Not Authorized*  
*Remove B4 painting*  
*Ex @ 1550/h*

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

## COST OF CLAIMS

	Amount
Parts	3,419.35
Miscellaneous Items	0.00
Labour	2,620.00
Paintwork Labour	0.00
Wing	0.00
<b>Gross Total (S\$)</b>	<b>6,039.35</b>
<b>+ GST 7.00% (S\$)</b>	<b>422.75</b>
<b>Nett Amount (S\$)</b>	<b>6,462.10</b>

This claim is handled by: PATRICK TIA JEE KIANG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**REPAIR DETAILS****Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 16 Feb 2022)**Parts:** M1-SUV SUBARU FORESTER 2.0 I-L CVT AWD SR (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SJU8218H/16/02/2022 14:35**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		*FRONT LH DOOR	0.00	0.00	*550.00 F ✓
2	1		*FRONT LH DOOR OUTER HANDLE	0.00	0.00	*30.00 F ✓
3	1		*FRONT LH DOOR HINGE TOP	0.00	0.00	*35.00 F X
4	1		*FRONT LH DOOR HINGE LOWER	0.00	0.00	*35.00 F X
5	1		*FRONT LH DOOR FRAME BLACK STICKER(REAR)	0.00	0.00	*18.00 F ✓
6	1		*FRONT LH DOOR FRAME BLACK STICKER(TOP)	0.00	0.00	*18.00 F ✓
7	1		*FRONT LH DOOR FRAME BLACK STICKER(FRONT)	0.00	0.00	*5.00 F ✓
8	1		*FRONT LH DOOR GLASS OUTER MOULDING	0.00	0.00	*70.00 F ?
9	1		*FRONT LH DOOR WEATHER STRIP	0.00	0.00	*90.00 F ?
10	1		*LH WING MIRROR WITH BODY	0.00	0.00	*475.00 F X
11	1		*LH WING MIRROR SIGNAL LAMP	0.00	0.00	*75.00 F ✓
12	1		*LH FRONT FENDER	0.00	0.00	*270.00 F ✓
13	1		*LH FRONT FENDER CORNER COVER	0.00	0.00	*10.00 F ?
14	1		*LH FRONT FENDER INNER SHIELD	0.00	0.00	*75.00 F X
15	8		*LH FRONT FENDER INNER SHIELD CLIP	0.00	0.00	*16.00 F X
16	1		*FRONT BUMPER LH SIDE RETAINER	0.00	0.00	*10.00 F ✓
17	1		*FRONT BUMPER	0.00	0.00	*620.00 F X
18	1		*LH ENGINE TOP SIDE TRIM	0.00	0.00	*20.00 F ✓
19	5		*LH ENGINE TOP SIDE TRIM CLIP	0.00	0.00	*12.50 F ✓
20	1		*BONNET	0.00	0.00	*650.00 F ✓
21	12		*BONNET INSULATOR CLIP	0.00	0.00	*24.00 F ✓

F=Franchise part.

*1 headlamp LH Bro ✓*

Sub Total (\$\$)

3,108.50

+ Margin on L,N Items 10.00% (\$\$)

310.85

Total Parts (\$\$)

3,419.35

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## Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	TO JACK,STRAIGHTEN ON LH FRONTFENDER INNER PANEL,A PILLAR ,REPLACE DAMAGE PARTS AND REALIGN AFFECTED AREAS	New	800 1,000.00
2	TO PUTTY,RESPRAY ON FRONT BUMPER,LH FRT FENDER,INNER PANEL,A PILLAR ,LH FRT DOOR ,LH REAR DOOR AND AFFECTED AREAS	New	1100 1,300.00
3	CHECK LIGHTING AND WIRING	New	20 30.00
4	TO REMOVE,TRANSFER PARTS TO NEW DOOR	New	80 150.00
5	CHECK AND ADJUST WHEEL ALIGNMENT	New	na 60.00 X
6	REPLACE AND RESPRAY WING MIRROR LH	New	na 80.00 X
<b>Gross Labour Cost (S\$)</b>			<b>2,620.00</b>

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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 ..... 14/02/2022 15:46 (SGT)  
Date of Accident ..... 12/02/2022 17:00 (SGT)  
Exact Location of Accident ..... 4545 Jalan Bukit Merah, Singapore 159466  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJU8218H

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... QUEK YUEN YONG JOHN  
NRIC No ..... SXXXX614C  
Email Address ..... jcquek@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-90889021  
Alternative Phone No ..... +65-90889027

#### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Forester  
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 ..... 2000

#### INSURANCE COMPANY

Name of Insurance Company ..... HL Assurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MP318783  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... DENISE QUEK XUE YING  
NRIC No ..... SXXXX759Z



## 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.

*[Signature]* 14/2/22

Policyholder's Signature / Date &  
Time 1:30pm

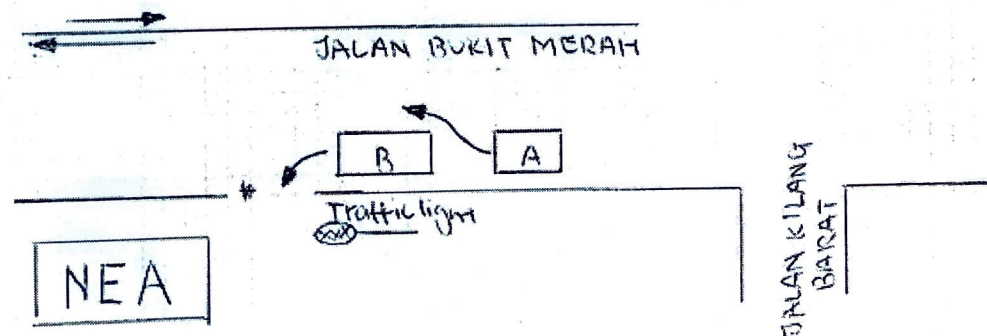
Sketch Plan

*[Signature]* 14/2/22 2:30pm

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

*[Signature]* 14/2/22

Witnessed by Reporting Centre  
Personnel



A: my vehicle

B: trailer