

ASS. REC. BY:

REF:

AWA

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: 851K

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

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: \_\_\_\_\_

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

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

Report Format :

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

Veh No: GBH 2792 Yr Regn: 04, 18

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

Truck / Trailer or

Make: Citroen Dispatch c.c. 1560Colour: White A/C: Insured / Std / NI / NASp. Reading: 200314 T/Radio: Insured / Std / NI / NA

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

C/No: VIF 7VBBH SHG 8 058652Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 215/65R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 6 mmR/Bal. 5 mmL/Bal. 6 mmL/Bal. 5 mmD.O.A. 11/12/22D.O.I. 2/3/2022

Survey held at \_\_\_\_\_

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

N/S body

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



ComfortDelGro Engineering

205 Braddell Road S(579701)

**ACCIDENT REPAIR ESTIMATES**

Our Ref:

Type of Claim : **ODWR**Vehicle No. : **GBH2792T**Make & Model : **CITROEN DISPATCH L1 1.6**Year of Manufacture : **2016**Chassis No. : **VF7VBBHSHGZ058652**Engine No. : **10JBHK0001046**Policy No. : **BVFCB0013732102**Time of Accident : **10:50HRS**Ins Company : **ALLIED WORLD**

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

Date of Accident : **11.02.2022**

Suggested Days of Repair : \_\_\_\_\_

In-house Vehicle Assessor : \_\_\_\_\_

Case Owner : **ROHANI**

Signature : \_\_\_\_\_

Contact No : \_\_\_\_\_

**Repair Estimates**Parts (a) Cost / List Price Items \$ **4,045.00**Plus/Less 10% \$ **404.50**Total of Cost / List \$ **4,449.50**(b) Nett Price Items \$ **-**

Less \_\_\_\_\_

Total of Nett Item \_\_\_\_\_

(c) Special Nett Items \$ **365.00****Total Parts Cost (Appendix A) \$ 4,814.50****Labour (Appendix B) \$ 1,900.00****Total Repair Cost \$ 6,714.50**

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

**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

Name of Surveyor : \_\_\_\_\_  
 Company : \_\_\_\_\_  
 Survey conducted on : 2/3/22 at 11am

**Remarks By Surveyor**(a) The repair of this vehicle is ~~authorized~~ / is not authorized until further notice.(b) Recommended Days of Repair : 05 day(s)(c) Resurvey : Required / ~~Not Required~~

(d) Excess : \$ \_\_\_\_\_

(e) Signature of surveyor : \_\_\_\_\_ Date: 2/3/22

ACCIDENT REPAIR ESTIMATE#F3



# Spark Car Care

ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701)

Tel: 63837168 / 63837466 Fax: 62844284, 62815767

## Spare Parts

Vehicle No : GBH2792T Case Owner : ROHANI

Make & Model : CITROEN DISPATCH L1 1.6 Year Manufacture : 2016

Chassis No : VF7VBBHSHGZ058652 Engine No : 10JBHK0001046

Sales Order : \_\_\_\_\_ Supplier : \_\_\_\_\_

Order By : \_\_\_\_\_ Type of Claim : ODWR

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	Rear bumper <i>Del/Gro</i>	1	\$ 450.00				✓
2	Rear bumper clip <i>Ne</i>	10	\$ 20.00				✓
3	LH Front Door <i>Ry</i>	1	\$ 1,150.00				✓
4	LH Front Door Protector <i>Del</i>	1	\$ 85.00				✓
5	LH Rear Door <i>Ry</i>	1	\$ 1,900.00				✓
6	LH Rear Door Protector <i>Del</i>	1	\$ 150.00				✓
7	LH Door Side Rubber seal <i>Pl</i>	1	\$ 140.00				X
8	RH Rear Wheel Cover <i>miy</i>	1	\$ 150.00				✓
9	Company Sticker	1			<i>Ne</i> \$ 15.00		✓
10	Wording Sticker-LOGO WARBURG <i>Ne</i>	1	<i>(check Inland or not)</i>			\$ 350.00	?
11	0	1					
12	0	1					
13	0	1					
14	0	1					
15	0	6					
16	0	1					
17	0	1					
18	0	11					
19	0	1					
20	0	1					
21	0	1					
22							
23							
24							
25							
26							
27							
28							
29							
30							

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

**ComfortDelGro Engineering Pte Ltd**  
**205 Braddell Road S (579701)**

**Labour**

[illegible]

*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 ..... 12/02/2022 10:58 (SGT)  
Date of Accident ..... 11/02/2022 10:50 (SGT)  
Exact Location of Accident ..... 14 Scotts Rd, Singapore 228213  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH2792T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... WARBURG VENDING PTE LTD  
Company Reg No ..... 1XXXXX146e  
Email Address ..... ibrahim.hamad@warburgvending.com  
Mobile Phone No ..... (Phone) +65-91806483  
Alternative Phone No ..... +65-91806483

### VEHICLE PARTICULARS

Manufacturer ..... Citroen  
Model ..... Dispatch  
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 ..... Allied World Assurance Company, Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... BVFCSB0013732102  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHANG BOON SONG  
NRIC No ..... SXXXX707A

## 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 Traffic Police Department for investigation.
  6. This report will be forwarded by the insurers to 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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

## SKETCH PLAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

