ASS. REC. BY: Kenneth | REF: AWA CS/AWA22001886/Kqy3

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: ______

at Workshop m/s Cam Rel

of ______

Insured: 146E

Policy No. ______

Claims No. ______

Sum Insured: ______ Excess: 1500

(Client's Record)

Make of Veh: 11cm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $51K

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: 05 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: GBH 2792T Yr Regn: 04, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Citroen Dispatch (A) c.c 1560

Colour: White A/C: Insured / Std / NI / NA

Sp.Reading: 200314 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: VF7VBBHSHGZ058652

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

Modi: Nil / S/Rim / STD A/Rim or ______

Tyre Size: F: 215/65R16

R: ______

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm
D.O.A.	11/2/22	D.O.I.	2/3/2022

Survey held at ______

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

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

Date / Time	Action / Instruction
/	
18/01/23	submit preli report $5550.50: check item:$450 and 5 days (red, 1464.5021%)

Date/Time, File Pass to?

1) 18/01/23

Date/Time, File Return to?

2) ______

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ Tech Invs ($ ______)

☐ Weekend ($ ______)

Survey Fee: ______

Transportation: ___S + RS___SI

Photos ______

Others ______

TOTAL ______

Report Format : od

Lump Sum / I.B.I: ($ ______)

28/02/2022 1st

SPARK CAR CARE™

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
Ins Company :	ALLIED WORLD	Engine No. :	10JBHK0001046
Excess :		Policy No. :	BVFCSB0013732102
Date of Accident :	11.02.2022	Time of Accident :	10:50HRS
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.

Not Authorised L/Bump & Rusty After Paint Ex @150/-

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:

Name of Surveyor : Kenneth

Company : LKK

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 : [signature] Date: 2/3/22

\ACCIDENT REPAIR ESTIMATES\F3

Accident report SC1K222B0007

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	1	$ 450.00				—
2	Rear bumper clip	10	$ 20.00				—
3	LH Front Door	1	$ 1,150.00				—
4	LH Front Door Protector	1	$ 85.00				—
5	LH Rear Door	1	$ 1,900.00				—
6	LH Rear Door Protector	1	$ 150.00				✓
7	LH Door Side Rubber seal	1	$ 140.00				X
8	RH Rear Wheel Cover	1	$ 150.00				✓
9	Company Sticker	1				$ 15.00	✓
10	Wording Sticker-LOGO WARBURG	1	(check Insured or not)			$ 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.

28/02/2022 3:22 PM

Spark Car Care

ComfortDelGro Engineering Pte Ltd
205 Braddell Road S (579701)
Tel: 63837168 / 63837466 Fax:62844284,62815767

Labour

Vehicle No. : **GBH2792T** Case Owner : **ROHANI**

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

S/No	Labour Description	Esimated Price	Adjusted Price
1	TO JACK ,STRAIGHTEN REAR END PANEL,PANEL BEAT AND REPLACE	$1,000.00	5%
2	TO PUTTY ,RESPRAY REAR BUMPER ,FRONT DOOR, REAR DOOR AND	$800.00	5%
	AFFECTED AREAS		
3	TO REMOVE AND REFIX STICKER	$100.00	?
4	CHECK LIGHTING AND WIRING		
5	TRANSFER DOOR PART TO NEW DOOR (2 DOORS)	$300.00	16%

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.

SC1K222B0007 / ComfortDelGro Engineering Pte Ltd [579701]
ENTRY DATE & TIME: 12/02/2022 10:58 (SGT)
SUBMITTED BY: Rohani
VERSION: 1 (12/02/2022 10:58 (SGT))

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 witholding 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

SKETCH PLAN

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 Mangement Centre estabilsed 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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	2/1/22 1410	12/2/22

Sketch Plan