

ADD. REG. BY:

Kenneth

TU 122003021/kg y3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 To Inspect Vehicle No: _____
 at Workshop m/s Com Pel
 of _____
 Insured: _____
 Policy No. _____
 Claims No. MFL2022D0001763
 Sum Insured: _____ Excess: 1500
 (Client's Record)
 Make of Veh: _____

Veh No: SMR 3647R Yr Regn: 12, 19
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toy Prius c.c. 1798
 Colour: M. Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 185796 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTOKB3FU903090536
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modl: Nil / S/Rlm / STD A/Rlm or _____
 Tyre Size: F: _____ R: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

	
N/S	O/S

Bal. or Market Value: \$112k
 IDAC Accident Rport: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 06 days Res.: Yes or No
 Lum Sum: 1.31 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Davanti
 Front R/Bal. 9 mm Rear R/Bal. 9 mm
 L/Bal. 9 mm L/Bal. 9 mm
 D.O.A. 27/3/22 D.O.I. 1/4/2022
 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
	<u>Est not ready</u>
04/04/22 @ 9.56am	revert to Derrick Tan via Merimen.
05/04/22 @ 5.28pm	Meena informed C/A via Merimen.
06/04/22 @ 9.20am	Informed Mr Ngō C/A & ex. \$1500 by email.
20/05/22 @ 1.43pm	finalised with Kristy final fig \$12480.79 (Red. \$8310.82, 40%)

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: 6
 Resurvey No. of Trip: 1

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

Survey Fee: _____
 Transportation: _____
 S - RS. \$ _____
 Fuel: _____
 Others: _____
 TOTAL: _____

Report Format: MER-OD
 Lump Sum / I.B.I: (\$) 12480.79

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 28/03/2022 13:06 (SGT)
Date of Accident 27/03/2022 14:35 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information TOWARDS PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR3647R

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) +65-81131233
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 hire
Are you claiming under your own insurance policy for repair to your vehicle? Yes
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 CALVIN LIM CHENG HOCK
NRIC No SXXXX651I

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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

27/05/20 / 2:00 PM

Sketch Plan

- A. SMR3647R
- B. SGZ6937M
- C. SME497U

