ASS. REC. BY: REF: AIS	
Kenneth	
From;	ASSIGNMENT
Estimated Cost:	Veh No: YQ 1684 J Yr Regn: 10, 1
	Type: M.Car / M.Cycle / Bus / Van / Corry Y Taxi / Prime Mover /
To Inspect Vehicle No:	Truck / Trailer or
MM-1.	Make: IPULU NPR 85 c.c 299
of Can Del	Colour White A/C: Insured / Std / NI / NA
Insured:	Sp.Reading 29315 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: JAANPR8511K.7100661
Count	Gen. Cond: Q60d / Fair / Poor / Burnt
(Client's Record)	Ool Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
	Modi: Mil S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F:
Remark: The yeb had common at the	R: 195185R16(D)
repair at the time of inspection.	D/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value: & SUK	TOYO LYOKO or
	Fron! Rear
IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 3 3 mm
	L/Bal. 9 mm L/Bal. 3 3 inm
Est. Repairs:	D.O.A. 15/3/2 D.O.I. 4/4/202
	Survey held at
CA / REY / REP. / 24 HRS Vehicle: IN / C	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Outs/Time, File Pass to? : Prell. Report	Days Of Repair:
1) : Final Report	Posturios No. 474
Oute/Time, File Return to?	55.10/100.
z) Add Fe	Ge: Site Insp (\$
,	Intendent /s
Report Format:	Tech love /S
Lump Sum / I.B.I: (S	Weekend (\$
The second secon	)
	TOTAL



ComfortDelGro Engineering

# 205 Braddell Road S(579701) <u>ACCIDENT REPAIR ESTIMATES</u>

Our Ref:			
Type of Claim :	OD	Vehicle No.	: YQ1684J
		Make & Model	: ISUZU NPR85
		Year of Manufacture	: 2019
		Chassis No.	: JAANPR85HK7100661
Ins Company :	AW	Engine No.	:
Excess :		Policy No.	:
	5/03/2022	Time of Accident	:
Suggested Days of Repair:		In-house Vehicle Asses	sor
Repair Estimates		Case Owner	PATRICK
Parts (a) Cost / List Price Items	\$ -	Signature	
Plus/Less 10%	\$ -	Contact No Frt Counter Operation	
Total of Cost / List	\$ -	Brenda Tel: 63837730 ema	il: brendang@sparkcarcare.com
(b) Nett Price Items	<b>\$</b> -	Rohani tel: 63837890 email	: rohanim@sparkcarcare.com
Less		Back-end Operation	
Total of Nett Item	- Marie	Ngo Toh Wee Tel: 6383765	6 email: ngotw@sparkcarcare.com l: patricktia@sparkcarcare.com
(c) Special Nett Items	\$ -		Manage Spark Carcare.com
Total Parts Cost (Appendix A)	<u> </u>		Androne
Labour (Appendix B)	\$ 2,850.00		Not Norhaile Report By pain
Total Repair Cost	\$ 2,850.00		
The above total will be subjected in	to 7% G.S.T.		
Name of Surveyor	•	Kennerh	
Company	:	LICK	
Survey conducted on	: 4	2/9/27 at	A CONTRACTOR
Remarks By Surveyor			
(a) The repair of this vehicle is	authorized / is not auth	norized until further notice	
(b) Recommended Days of Rep		day(s)	and the second
(c) Resurvey	: Required / Not	98 cm mar	
(d) Excess	:\$ 1500k		
(e) Signature of surveyor	# : <u> </u>	Le Date:	4/4/22
ACCIDENT REPAIR ESTIMATES/F3			

## Spark Car Care

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	fany of the quoted parts are recommend	-			- 1			100

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

## Spark Car Care

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701) Tel: 63837168 / 63837466 Fax: 62815767

L	a	b	0	u	r

Vehicle No.	:	YQ1684J	Case Owner		DATRICK	
Make & Model		101171	Case Owner	•	PATRICK	
Wake & Model	•	ISUZU NPR85	Year of Manufacture	:	2019	

	Year of Manufacture	:	2019
S/No	Labour Description	Esimated	Adjusted
1	TO CUT,WELD FRT PANEL,PANEL BEAT ON FRT AFFECTED AREAS,	Price	Price Fool
	REPACE DAMAGE PARTS AND REALIGN AFFECTED AREAS	\$1,200.00	1001
	AND REALIGN AFFECTED AREAS		
2	TO PUTTY,RESPRAY FRT PANEL,BUMPER AND AFFECTED AREAS	\$1,200.00	6001
3	TO CHECK LIGHTING AND WIRING	200.00	
	The state of the s	\$30.00	201
4	REMOVE DASHBOARD TO ASSIST REPAIR AND REIFT	\$200.00	V
4	RMEOVE AIR CON BLOWER AND COOLING COIL TO ASSIT	\$100.00	~
	REPAIR AND REPLACE	\$100.00	
5	TO REMOVE FRT WINDSCREEN GLASS TO ASSIST REPAIR AND	2100	
	REFIT REFIT	\$120.00	
	The above estimate of repair is board on viewal		

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.

## **G** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
   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 Date of Accident 23/03/2022 17:00 (SGT) Exact Location of Accident 15/03/2022 11:45 (SGT) Additional Location Information 214 Pandan Loop, Singapore 128405 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

YQ1684J

+65-96649901

INSURED/POLICYHOLDER Is company? Name Of Registered Owner F&N CREAMERIES (S) PTE LTD Company Reg No 1XXXXX235M **Email Address** brandon.lau@fnnfoods.com Mobile Phone No (Phone) +65-96649901

#### **VEHICLE PARTICULARS**

Alternative Phone No

Vehicle Registration Number

Isuzu NPR85UH5A 3.0 AMT 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 Manual 3000

#### **INSURANCE COMPANY**

Name of Insurance Company Allied World Assurance Company, Ltd Type of Coverage Comprehensive Fleet Policy Yes Policy Number BVFCSB0013702102 Cover Note Number

#### DRIVER

Name of Driver WONG KOK PENG NRIC No SXXXX305D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT may ON SERVES OF THE SERVES DECLARATION \* 01 (Jenny) Palicyholder's signofia briver's Signature (If diwer is not the pathyholded) 20 d Date & Time: Reporting Centre Personnel's Signature Name: NAIC/FIN No.: