ASS. REC. BY: Kenneth | TO / CS/III22003168/Kvy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Com Nel

of _____

Insured: _____

Policy No. D20MFL0000326_01

Claims No. MFL2022D0001760

Sum Insured: _____ Excess: —

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S
X	

Bal. or Market Value: $90k

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-B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SFH 8805 Yr Regn: 11/17

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

Make: Volvo V60 T5 c.c 1969

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

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

Eng/No: _____

C/No: YV1FZ40LDJ2045410

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: _____

R: 235/50R18

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	8 mm
L/Bal.	4 mm	L/Bal.	8 mm
D.O.A.	25/3/22	D.O.I.	6/4/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
/	Betting flat, no 2nd parts available
22/4/22	Submit preli report-revised fig $28,638.75 check items $5508
29/4/22	Submit uneconomical T/L- MV $90,000.00 LTA:$59,110 NV: $30,890 revised fig $28,638.75 check items $5508

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 22/4/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: $ - RS. SI

Parking

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (S

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
205 Braddell Road
Singapore 579701
Tel: 63837613 Fax: 62815767/65462533 Email: teokeejin@cdge.com.sg

INSURER: **India International Insurance Pte Ltd (HQ)**

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	D20MFL0000326_01	Date of Loss:	25/03/2022
Vehicle Reg. No.:	**SFH8800S**	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	COMFORTDELGRO RENT-A-CAR PTE LTD		
Driver:	CALVIN LOW BAO CAN		
Make/Model:	VOLVO V60, 2.0 T2 CROSS COUNTRY (A)	Vehicle Reg. Date:	16/11/2017
Vehicle Colour:	WHITE		
Engine No:	B4204T112215713	Chassis No:	YV1FZ40LDJ2045410
Odometer:	10000 KM		
Paint Type:			
List Item Discount:	10.00 %		
Total Loss?	**NO**		
Est. Duration of Repair (day)	6 ✓		

Not Withair
Rearway Bypain

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

COST OF CLAIMS		**Amount**
Parts		33,891.75
Miscellaneous Items		11.00
Labour		3,210.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S$)	**37,112.75**
	+ GST 7.00% (S$)	2,597.89
	Nett Amount (S$)	**39,710.64**

This claim is handled by: NGO TOH WEE

Generated using ***Merimen e-Claims Internet Estimation & Adjusting System***

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:

PAIR DETAILS

eference

Part Source:		(Last Synchronised: 06 Apr 2022)
Parts:	N/A	VOLVO V60 2.0 T2 CROSS COUNTRY (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SFH8800S)	
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		*DRIVER AIRBAG	10.00	0.00	*2,550.00 FL
2	1		*DRIVER CLOCK SPRING	10.00	0.00	*450.00 FL
3	1		*DRIVER SEAT BELT	10.00	0.00	*1,260.00 FL
4	1		*DRIVER SEAT BELT BUCKLE	10.00	0.00	*420.00 FL
5	1		*PASSENGER AIRBAG	10.00	0.00	*3,600.00 FL
6	1		*PASSENGER SEAT BELT	10.00	0.00	*1,260.00 FL
7	1		*PASSENGER SEAT BELT BUCKLE	10.00	0.00	*420.00 FL
8	1		*AIRBAG CONTROL UNIT	10.00	0.00	*2,850.00 FL
9	1		*LH ROOF CURTAIN AIRBAG	10.00	0.00	*2,175.00 FL
10	1		*RH ROOF CURTAIN AIRBAG	10.00	0.00	*2,175.00 FL
11	1		*ROOF LINING	10.00	0.00	*2,700.00 FL
12	1		*DASH BOARD	10.00	0.00	*5,775.00 FL
13	1		*LH FRT FENDER	10.00	0.00	*870.00 FL
14	1		*LH FRT FENDER ARCH GARNISH	10.00	0.00	*630.00 FL
15	1		*LH FRT FENDER INNER SHIELD	10.00	0.00	*442.50 FL
16	10		*LH FRT FENDER INNER SHIELD CLIPS	10.00	0.00	*55.00 FL
17	1		*LH ROCKER PANEL GARNISH	10.00	0.00	*510.00 FL
18	1		*FRT BUMPER	10.00	0.00	*1,650.00 FL
19	1		*FRT BUMPER SIDE RETAINER LH	10.00	0.00	*105.00 FL
20	1		*FRT BUMPER SIDE RETAINER RH	10.00	0.00	*105.00 FL
21	1		*LH FRT LOWER ARM	10.00	0.00	*375.00 FL
22	1		*LH FRT KUNCKLE ARM	10.00	0.00	*1,050.00 FL
23	1		*LH FRT KUNCKLE BEARING	10.00	0.00	*510.00 FL
24	1		*LH FRT SHOCK ABSORBER	10.00	0.00	*360.00 FL
25	1		*LH FRT RIM R18	10.00	0.00	*1,800.00 FL
26	1		*LH FRT TYRE 235/50ZR 18 DAVANTI DX640	0	0.00	*420.00 FS
27	1		*LH REAR TYRE 235/50ZR 18 DAVANTI DX640	0	0.00	*420.00 FS
28	1		*FRT WINDSCREEN GLASS	10.00	0.00	*1,200.00 FL
29	1		*LH REAR FENDER ARCH GARNISH	10.00	0.00	*600.00 FL
30	1		*LH B PILLAR INNER TOP TRIM	10.00	0.00	*360.00 FL
31	1		*RH B PILLAR INNER TOP TRIM	10.00	0.00	*360.00 FL
32	1		*SEALANT	0	0.00	*40.00 FS
33	1		*INNER SEAL	0	0.00	*30.00 FS
34	1		*ERP BRACKET	0	0.00	*26.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (S$)	**37,553.50**
- List Item Discount on L Items (S$)	3,661.75
Total Parts (S$)	**33,891.75**

Report was unsubmitted during this print-out.
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Estimates on Miscellaneous Items

	Qty	Particulars	Amount
Miscellaneous Items			
1	1	**OD/TP Case (Insurer)**	11.00
		Sub Total (S$)	**11.00**

Estimates on Labour

No	Particulars	Lab.Type		Amount
Labour Items				
1	**TO REMOVE AND INSTALL FRT WINDSCREEN GLASS**	New		120.00
2	**TO KNOCK, STRAIGHTEN AND RENEW ACCIDENT AREA SUCH AS FRT BUMPER, LH FRT FENDER, LH FRT DOOR, LH SIDE ROCKER PANEL GARNISH, LH REAR FENDER AND ETC**	New	540	720.00
3	**TO PUTTY AND RESRPAY ACCIDENT AREA SUCH AS FRT BUMPER, LH FRT FENDER, LH FRT DOOR, LH SIDE ROCKER PANEL GARNISH, LH REAR FENDER AND ETC**	New	750	1,300.00
4	**TO RESET AND PROGRAM AIRBAG SYSTEM**	New		250.00
5	**TO REMOVE AND INSTALL DRIVER AIRBAG, PASSENGER AIRBAG, ALL SEAT BELT AND CONTROL UNIT**	New		250.00
6	**TO REMOVE AND INSTALL DASH BORAD**	New		250.00
7	**TO REMOVE AND INSTALL LH FRT UNDER CARRIAGE**	New		240.00
8	**TO CONDUCT WHEEL ALGINMENT**	New		80.00
		Gross Labour Cost (S$)		**3,210.00**

Report was unsubmitted during this print-out.
Generated using **Merimen e-Claims IEAS**

< END OF ESTIMATES >

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	26/03/2022 11:20 (SGT)
Date of Accident	25/03/2022 00:10 (SGT)
Exact Location of Accident	Geylang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH8800S

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) +65-92311960
Alternative Phone No	(Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V60
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?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1969

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0000326_01
Cover Note Number	-

DRIVER

Name of Driver	CALVIN LOW BAO CAN (LIU BAOCAN)
NRIC No	SXXXX579E

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 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. 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.

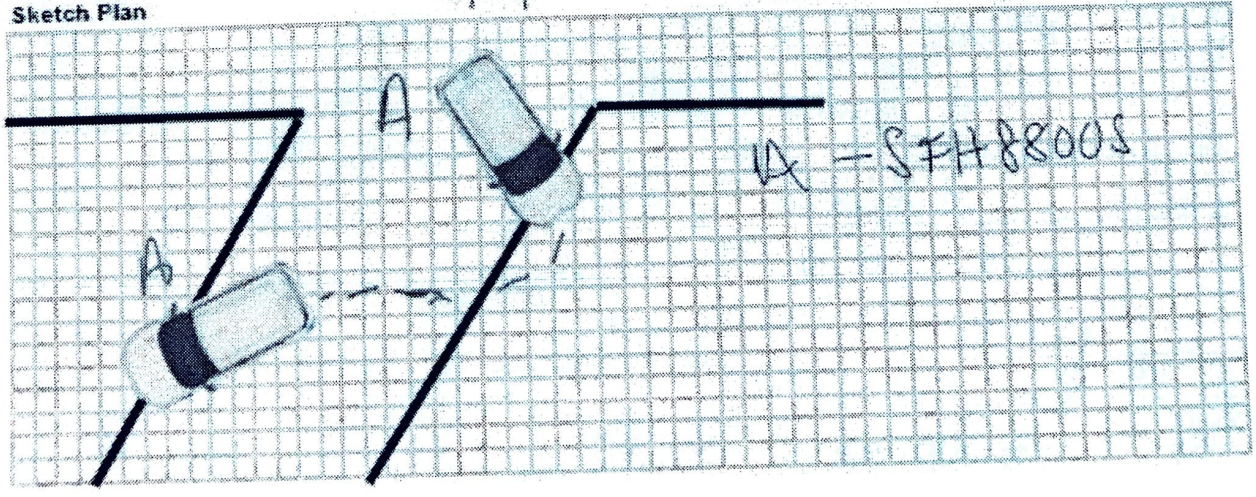
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	25/03/2022 1800	LATIFF

Sketch Plan



Describe Circumstances of the Accident

ON 25/03/2022 AT ABOUT 0010HRS, I WAS DRIVING VEHICLE A(SFH8800S) ALONG GEYLANG ROAD. I WAS MAKING A RIGHT TURN INTO LORONG 35 GEYLANG WHEN MY VEHICLE STEERING GOT LOCKED AND MY VEHICLE MOUNT THE CURB ON THE LEFT AND CONTINUING TO MOUNT ANOTHER CURB ON THE RIGHT HAND SIDE. I SUSTAINED INJURIES ON MY RIGHT AND LEFT ARM DUE TO THE ACCIDENT. NO ONE ELSE WAS INVOLVED IN THE ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	25/03/2022 1811	