

ASS. REC. BY:

Th / CS/III22003213/Kqy3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____ Com Del

of _____

Insured: _____

Policy No. _____

Claims No. MFL2022D0001796

Sum Insured: _____ Excess: 1500

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: None

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5-6 days Res.: Yes or NoLum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SM 5596Y Yr Regn: 05, 19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Prius c.c. 1798Colour: M.P. White A/C: Insured / Std / NI / NASp. Reading: 239498 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU703081009Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/65R15

R: _____

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

TOYO / YOKO or

Davanti

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 2/4/22D.O.I. 7/4/2022

Survey held at _____

Des. of Damages: Front Rear / O/S / N/S / U/C / Rooftop or& Rec

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

Date / Time Action / Instruction

Kenneth finalised LS \$3400 (Red \$11925.50, 78%)

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 5

1) 25/05 Typist

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation:

2)

Add Fee: ☐ : Site Insp (\$ _____)

) S + RS. \$ _____

☐ : Interview (\$ _____)

) Fuel

☐ : Tech Invs (\$ _____)

) Others

☐ : Weekend (\$ _____)

)

Report Format : MER-OD

Lump Sum / H.D.T. (\$) 3400

TOTAL

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:	D18MFL0003414_02	Date of Loss:	02/04/2022
Vehicle Reg. No.:	SML5596Y	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	COMFORTDELGRO RENT-A-CAR PTE LTD		

Make/Model:	TOYOTA PRIUS, 1.8 5DR HATCHBACK (A)	Vehicle Reg. Date:	27/05/2019
Vehicle Colour:	WHITE	Chassis No:	JTDKB3FU703081009
Engine No:	2ZR2C23627		
Odometer:	10000 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	6		

Not Withheld
Heavy Bumping
5-6 days

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

	Amount
COST OF CLAIMS	12,704.50
Parts	11.00
Miscellaneous Items	2,610.00
Labour	0.00
Paintwork Labour	0.00
Towing	
Gross Total (S\$)	15,325.50
+ GST 7.00% (S\$)	1,072.79
Nett Amount (S\$)	16,398.29

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:

R DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 06 Apr 2022)
Parts:	144	TOYOTA PRIUS 1.8 5DR HATCHBACK (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	ComfortDelGro Engineering Pte Ltd/SML5596Y/06/04/2022 08:03	
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		*FRT BUMPER	25.00	0.00	<i>Re</i> *547.10 FL	✓
2	1		*FRT BUMPER SIDE RETAINER LH	25.00	0.00	<i>Dis</i> *84.70 FL	✓
3	1		*FRT BUMPER SIDE RETAINER RH	25.00	0.00	<i>Re</i> *84.70 FL	X
4	1		*FRT BUMPER UPPER REINFORCEMENT	25.00	0.00	*758.70 FL	?
5	1		*FRT BUMPER LOWER REINFORCEMENT	25.00	0.00	<i>Re</i> *760.90 FL	X
6	1		*FRT BUMPER UPPER SPONGE	25.00	0.00	*84.70 FL	?
7	1		*FRT BUMPER LOWER SPONGE	25.00	0.00	*100.80 FL	?
8	1		*FRT BUMPER FOG LAMP LH	25.00	0.00	<i>Re</i> *1,009.10 FL	X
9	1		*FRT BUMPER FOG LAMP RH	25.00	0.00	<i>Re</i> *1,009.10 FL	X
10	1		*FRT BUMPER TOP RUBBER	25.00	0.00	*54.70 FL	?
11	1		*HEADLAMP LH	25.00	0.00	*2,661.70 FL	?
12	1		*HEADLAMP LOWER BRACKET LH	25.00	0.00	*79.00 FL	?
13	1		*HEADLAMP RH	25.00	0.00	*2,661.70 FL	?
14	1		*HEADLAMP LOWER BRACKET RH	25.00	0.00	*79.00 FL	?
15	10		*FRT BUMPER CLIPS.	25.00	0.00	<i>Re</i> *55.00 FL	✓
16	1		*FRT NUMBER PLATE WITH CASING	0	0.00	<i>Re</i> *45.00 FS	✓
17	1		*FRT NUMBER PLATE BASE(LONG)	25.00	0.00	<i>CM</i> *109.80 FL	✓
18	1		*FRT GRILLE	25.00	0.00	<i>Re</i> *367.20 FL	✓
19	1		*FRT GRILLE LOGO	25.00	0.00	<i>Re</i> *96.60 FL	✓
20	1		*FRT SUPPORT PANEL TOP	25.00	0.00	<i>Re</i> *379.60 FL	X
21	1		*FRT SUPPORT PANEL TOP RH	25.00	0.00	<i>Re</i> *80.00 FL	X
22	1		*FRT SUPPORT PANEL TOP LH	25.00	0.00	<i>Re</i> *80.00 FL	X
23	1		*FRT SUPPORT SIDE PANEL LH	25.00	0.00	<i>Re</i> *255.00 FL	X
24	1		*FRT SUPPORT SIDE PANEL RH	25.00	0.00	<i>Re</i> *255.00 FL	X
25	1		*FRT SUPPORT LOWER PANEL	25.00	0.00	<i>Re</i> *435.00 FL	X
26	1		*REAR BUMPER	<i>Re</i> 25.00	0.00	<i>Re</i> *469.50 FL	✓
27	1		*REAR BUMPER LOWER GARNISH	25.00	0.00	<i>Re</i> *380.50 FL	✓
28	1		*REAR BUMPER TOW COVER RH	25.00	0.00	<i>Re</i> *24.80 FL	✓
29	1		*REAR BUMPER SIDE RETAINER RH	25.00	0.00	<i>Dis</i> *98.60 FL	✓
30	1		*REAR BUMPER SIDE RETAINER LH	25.00	0.00	<i>Re</i> *98.60 FL	X
31	1		*REAR BUMPER SIDE COVER RH	25.00	0.00	*105.60 FL	?
32	1		*REAR BUMPER REINFORCEMENT	25.00	0.00	<i>Re</i> *353.10 FL	✓
33	1		*REAR BUMPER LOWER COVER	25.00	0.00	<i>Re</i> *353.10 FL	✓
34	1		*REAR BUMPER SENSOR	<i>Re</i> 25.00	0.00	<i>Re</i> *280.00 FS	20452
35	10		*REAR BUMPER CLIPS	25.00	0.00	<i>Re</i> *55.00 FL	✓
36	1		*REAR BUMPER LAMP RH	25.00	0.00	*532.00 FL	?
37	1		*REAR END PANEL	25.00	0.00	*689.70 FL	?
38	1		*TAILLAMP RH	25.00	0.00	*479.60 FL	?
39	1		*BOOTLID LOCK	25.00	0.00	<i>Re</i> *495.60 FL	✓
40	1		*BOOTLID WEATHER STRIP	25.00	0.00	<i>Dis</i> *175.60 FL	✓
41	1		*REAR BUMPER SIDE COVER LH	25.00	0.00	*105.60 FL	?

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

Sub Total (\$\$)

16,831.00

- List Item Discount on L Items (\$\$)

4,126.50

Estimates on Miscellaneous Items

No	Particulars	Amount
<u>Miscellaneous Items</u>		
1	OD/TP Case (Insurer)	11.00
Sub Total (\$)		11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	TO KNOCK, STRAIGHTEN AND RENEW ACCIDENT AREA SUCH BONNET, FRT BUMPER, BOTH HEADLAMPS, FRT SUPPORT PANEL AND ETC	New	2401 480.00
2	TO KNOCK, STRAIGHTEN AND RENEW ACCIDENT AREA SUCH BOOTLID, REAR BUMPER, REAR END PANEL AND ETC	New	480.00 ✓
3	TO PUTTY AND RESRPAY ACCIDENT AREA SUCH AS FRT BUMPER, BONNET, FRT SUPPORT PANEL AND ETC	New	2501 750.00
4	TO PUTTY AND RESRPAY ACCIDENT AREA SUCH AS REAR BUMPER, BOOTLID, REAR END PANEL AND ETC	New	5001 750.00
5	TO CHECK WIRING AND LIGHTING	New	401 50.00
6	TO DISCHARGE AND CHARGE AIRCON GAS	New	100.00 ?
Gross Labour Cost (\$)			2,610.00

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< 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 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
Date of Accident 02/04/2022 17:26 (SGT)
Exact Location of Accident 02/04/2022 10:40 (SGT)
Additional Location Information KPE, Singapore
Country/State of Loss -
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML5596Y

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) +65-96436136
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? No - Reporting only
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 LING ZI HAO (LIN ZIHAO)
NRIC No SXXXX609D

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.

[Signature]

[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 12:15 02/04/22

Witnessed by Reporting Centre Personnel MO NA2RIN

Sketch Plan

