ASS. REC. BY: Kenneth | REF: CTL/220032211/KY Kny3

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 235m

Insured: _____

Policy No. _____

Claims No. _____

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

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 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: YP 4864S Yr Regn: 11/16

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

Make: Isuzu NPR83 c.c 2999

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

Sp.Reading 169098 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JAANPR85HG-7100327

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: Delium 195/65R16

R: Yoko (D)

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 9 mm
L/Bal.	9 mm	L/Bal.	9 9 mm
D.O.A.	29/03/22	D.O.I.	7/9/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
/	Kenneth confirmed final fig: $1373.90 and 2 days (red, $1040.1, 43%)

Date/Time, File Pass to? 14/03/23

Date/Time, File Return to?

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation: $ - RS. SI

Others

TOTAL

Report Format :

Comp Sum / I.B.I: ($)

SPARK CAR CARE™
ComfortDelGro Engineering
205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TP

Ins Company :
Excess :
Date of Accident : 29/03/22
Suggested Days of Repair :

Vehicle No. : **YP4864S**
Make & Model : **ISUZU NPR85UH5A**
Year of Manufacture : **2016**
Chassis No. : **4JJ12N2539**
Engine No. : **JAANPR85HG7100327**
Policy No. : **BVFCSB0013702102**
Time of Accident : **1301**

Repair Estimates

Parts (a) Cost / List Price Items		$ -
Plus/Less		$ -
Total of Cost / List		$ -
(b) Nett Price Items		$ -
Less		
Total of Nett Item		
(c) Special Nett Items		$ -
Total Parts Cost (Appendix A)		$ -
Labour (Appendix B)		$ 1,400.00
Total Repair Cost		$ 1,400.00

In-house Vehicle Assessor

Case Owner : **BRENDA NG**

Signature :

Contact No

Frt Counter Operation
63837103 – Patrick Tia
PatrickTia@sparkcarcare.com
63837730 - Brenda Ng
BrendaNg@sparkcarcare.com
63837466 – Rohani
RohaniM@sparkcarcare.com

Workshop Operation
63837656 - Ngo Toh Wee
Ngotw@sparkcarcare.com
63838115 -

63837362 -

Not Authorise
Pending B Eporary

The above total will be subjected to 7% G.S.T.

Name of Surveyor : Kenneth
Company : LKK
Survey conducted on : 8/4/22 at

Remarks By Surveyor

(a) The repair of this vehicle is ~~authorized~~ / is not authorized until further notice.
(b) Recommended Days of Repair : 02 day(s)
(c) Resurvey : Required / ~~Not Required~~

(d) Excess :$

(e) Signature of surveyor : [signature] Date: 8/4/22

Spark Car Care

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

e Parts

Vehicle No : YP4864S

Make & Model : ISUZU NPR85UH5A

Chassis No : 4JJ12N2539

Sales Order :

Order By :

Case Owner : BRENDA NG

Year Manufacture :

Engine No : JAANPR85HG7100327

Supplier :

Type of Claim : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	LH CORNER PANEL Mfg Brn	1					⌣
2	LEFT SIDE MIRROR ASSY Mfj	1					⌣
3	LH SMALL MIRRROR (ROUND) Mfj	4					⌣
4	LH SIDE MIROR ARM GARNISH	1					↑
5	LH BRACKET TOP COVER Mfj	1					⌣
6	LH BRACKET TOP SIDE Mfj	1					⌣
7	STICKER - LEFT CORNER STICKER (CLUE) Mfr	1					⌣
8	0	1					
9	0	1					
10	0	1					
11	0	1					
12	0	1					
13	0	1					
14	0	1					
15	0	1					
16	0	1					
17	0	1					
18	0	1					
19	0	1					
20	0	1					
21	0	1					
22	0	1					
23	0	2					
24	0	1					
25	0	1					
26	0	1					
27	0	1					
28	0	1					
29	0	1					
0	0	1					

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:~~

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

Spark Car Care

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

Labour

Vehicle No. : **YP4864S**
Make & Model : **ISUZU NPR85UH5A**

Case Owner : **BRENDA NG**
Year of Manufacture : **2016**

S/No	Labour Description	Esimated Price	Adjusted Price
	TO KNOCK,STRAIGHTEN AND RENEW ACCIDENT AREA SUCH	$600.00	250
	FRONT LH CORNER PANEL , LH SIDE MIRROR AND AFFECTED		
	AREA		
	TO PUTTY AND RESPRAY ON LH SIDE MIRROR , LH CORNER	$600.00	200
	PANEL AND AFFECTE AREA .		
	TO DO ART WORK	$200.00	50

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.

SC1K223V0004 / ComfortDelGro Engineering Pte Ltd [579701]
ENTRY DATE & TIME: 31/03/2022 15:20 (SGT)
SUBMITTED BY: Brenda Ng
VERSION: 1 (31/03/2022 15:20 (SGT))

Your NCD will be affected due to late reporting

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	31/03/2022 15:20 (SGT)
Date of Accident	29/03/2022 13:01 (SGT)
Exact Location of Accident	151 Serangoon North Ave 1, Singapore
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4864S

INSURED/POLICYHOLDER

Is company?	Yes
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
Alternative Phone No	+65-96649901

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85UH5A
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3000

INSURANCE COMPANY

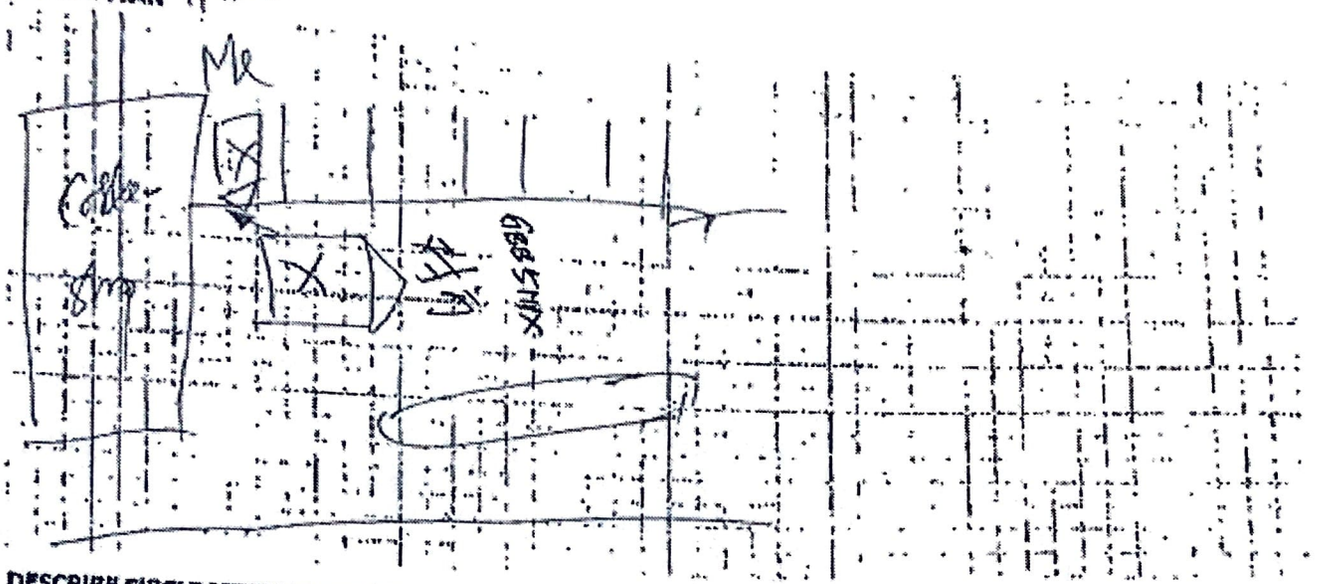
Name of Insurance Company	Allied World Assurance Company, Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	BVFCSB0013702102
Cover Note Number	-

DRIVER

Name of Driver	NG KOK SANG
Passport No/FIN	GXXXX948K

3/3/2020

SKETCH PLAN 4 passes



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My lorry was parking in the parking lot @ the stated place and time. Then GBB 5111 X wanted to ~~reverse~~ reverse back to park infront of my lot. But don't know how he knocked down my left side mirror. As I was not in the vehicle. After loading and going back to my lorry I found out my side mirror been knocked. The oppo GBB 5711 X then came and tell me is he knock my lorry.

DECLARATION

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

29/3/20 15:17

(Ray)

Policyholder's Signature **Date & Time:**	**Driver's Signature** **(If driver is not the policyholder)** **Date & Time:**	**Reporting Centre Personnel's Signature** **Name:** **NRIC/FIN No.:**