

ASS. REC. BY:

REF:

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

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.

Bal. or Market Value: 2190k

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.811% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SNC 6873X Yr Regn: 11, 21

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai Santa Fe.c 1598

Colour

M.P. White

A/C: Insured / Std / NI / NA

Sp. Reading

13101

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHS3811mmu018561

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

235/55R19

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

10/5/22

D.O.I.

25/5/2022

Survey held at

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

N/S wheel rim & u/c

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

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:	104283	Date of Loss:	10/05/2022
Vehicle Reg. No.:	SNC6973X	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:	HYUNDAI SANTA FE, 2.4 (A)	Vehicle Reg. Date:	09/11/2021
Vehicle Colour:	White	Chassis No:	KMHS3811MMU018561
Engine No:	G4FTMU401439		
Odometer:	0 KM		<i>Not Authorized Ex @ 750k</i>
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	<i>2 days</i>		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)		

COST OF CLAIMS

	Amount
Parts	4,589.84
Miscellaneous Items	11.00
Mosbour	770.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$)	5,370.84
+ GST 7.00% (\$)	375.96
Nett Amount (\$)	5,746.80

This claim is handled by: PATRICK TIA JEE KIANG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

A DETAILS

Reference

Parts: MRM-SG Version: 1.0 (Last Synchronised: 24 May 2022)
 M1-SUV HYUNDAI SANTA FE 2.4 (A) (Catalogue:Merimen Singapore 1.0)
Repairer's: (Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SNC6973X/24/05/2022 18:30
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		*REAR LH RIM 19	20	0.00	*1,573.50 F
2	1		*REAR LH TYRE	0	0.00	*300.00 FS
3	1		*FRONT LH TYRE	0	0.00	*300.00 FS
4	1		*FRONT LH RIM	20	0.00	*1,573.50 F
5	1		*FRONT LH WHEEL HUB	20	0.00	*452.20 F
6	1		*FRONT LH KUNCKLE ARM	20	0.00	*609.90 F
7	1		*FRONT LH LOWER ARM	20	0.00	*502.20 F
8	1		*LH POWER STEERING TIE ROD END	20	0.00	*76.00 F
9	1		*LH POWER STEERING TIE ROD	20	0.00	*200.00 F

F=Franchise part. S=SpcNett.

Sub Total (\$\$) 5,587.30
 - List Item Discount on L Items (\$\$) 997.46
 Total Parts (\$\$) 4,589.84

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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:

Estimates on Miscellaneous Items

Qty	Particulars	Amount
1	OD/TP Case (Insurer)	111.00
Sub Total (S\$)		111.00

Estimates on Labour

Lab. Type	Amount
1 TO REMOVE RH FRONT SUPPENSION UNIT TO ASSIST REPAIR AND REPLACE (LOWER ARM ,KUNCKLE ARM ,HUB,STEERING TIE ROD ,RIM)	500.00 ?
2 TO PERFORM 4 WHEEL ALIGNMENT ADJUSTMENT	120.00 801
3 TO REMOVE AND REPLACE LH REAR RIM ,TYRE AND BALANCING	150.00 601
Gross Labour Cost (S\$)	770.00

ComfortDelGro Engineering Pte Ltd/SNC6973X/24/05/2022 18:30. Not valid without Reference section.
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 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 13/05/2022 17:41 (SGT)
Date of Accident 10/05/2022 22:00 (SGT)
Exact Location of Accident 50 Hume Ave, Singapore 596229
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC6973X

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) +65-98375647
Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Hyundai
Model TM SANTA FE 1.6 T-GDI HEV
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D20MFL0000362_01
Cover Note Number -

DRIVER

Name of Driver PARK JAE HYUK
Work Permit No GXXXX247T

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 willful 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 12/06/2022

Witnessed by Reporting Centre Personnel TAMIL

Sketch Plan

A. SNC 6974X



50 HUNE AVE

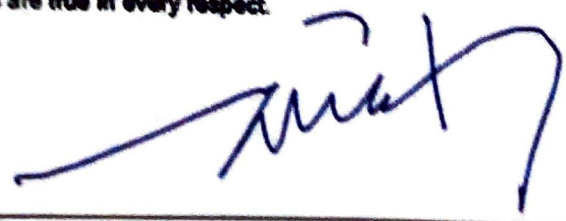
15.12.2021
15.12.2021
15.12.2021

Circumstances of the Accident

ON 10/05/2022 AT ABOUT 2200HRS I WAS DRIVING MY VEHICLE A (SNC6973X) 50 HUME AVE. AS I WAS DRIVING ALONG I WAS UNAWARE THAT MY VEHICLE IS TOO NEAR TO THE KERB, ACCIDENTALLY DRIVE ONTO THE KERB AND THUS THE COLLISION TOOK PLACE. NO INJURY AT THE POINT OF TIME.

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

12/05/2022 / 1800HRS



Witnessed by Reporting Centre Personnel

TAMIL