

ASS. REC. BY:

REF: TH/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. _____

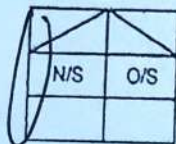
Claims No. _____

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: \$190k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 1-B.1% 3 Val.: Yes or NoCA / REV REP. / 24 HRS

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

Veh No: SDU 9191P Yr Regn: 07, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 730i c.c. 1988Colour: M. Silver A/C: Insured / Std / NI / NASp. Reading: 3858 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA 7A 02020 GL 97 082Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim orTyre Size: F: 245/45R19R: 275/40R19BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 22/5/22

Survey held at

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 26/5/2022

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

N/S body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

Resurvey No. of Trlp: _____

1)

Date/Time, File Return to?

☐ : Final Report

2)

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

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

Report Format :

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

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:	D18MPC0000192-03	Date of Loss:	22/05/2022
Vehicle Reg. No.:	SDU9191P	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	CHIA TECK LEONG JIMMY		
Make/Model:	BMW 730LI, 2.0 LED NAV HUD SR (A)	Vehicle Reg. Date:	03/07/2017
Vehicle Colour:	Silver		
Engine No:	26189659B48B20B	Chassis No:	WBA7A2020GL97062
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	7 6 days		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)		

*Not Authorize
Merimen Repairing
Ex 77*

COST OF CLAIMS

	Amount
Parts	11,483.74
Miscellaneous Items	11.00
Labour	3,350.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	14,844.74
+ GST 7.00% (\$\$)	1,039.13
Nett Amount (\$\$)	15,883.87

This claim is handled by: PATRICK TIA JEE KIANG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 25 May 2022)
Parts: 143	BMW 730LI 2.0 LED NAV HUD SR (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SDU9191P/25/05/2022 14:51	
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		*FRONT BUMPER	5	0.00	R *1,974.75 F	X
2	1		*FRONT LH FENDER	5	0.00	R *1,304.95 F	✓
3	1		*FRONT LH FENDER EMBLEM M	5	0.00	R *83.80 F	✓
4	1		*FRONT LH FENDER PROTECTOR	5	0.00	R *198.70 F	X
5	1		*FRONT LH DOOR	5	0.00	R *2,352.35 F	✓
6	1		*FRONT LH DOOR GARNISH	5	0.00	R *238.55 F	✓
7	1		*FRONT LH DOOR WEATHER STRIP	5	0.00	R *243.65 F	✓
8	1		*REAR LH DOOR	5	0.00	R *2,585.35 F	✓
9	1		*REAR LH DOOR GARNISH	5	0.00	R *238.55 F	✓
10	1		*REAR LH DOOR WEATHER STRIP	5	0.00	R *243.65 F	✓
11	1		*REAR BUMPER	5	0.00	R *2,365.45 F	X
12	1		*REVERSE SENSOR OUTER	5	0.00	R *251.20 F	✓
13	1		*REVERSE SENSOR COVER	5	0.00	*7.20 F	7

F=Franchise part.

Sub Total (\$\$)	12,088.15
- List Item Discount on L Items (\$\$)	604.41
Total Parts (\$\$)	11,483.74

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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

Miscellaneous Items

1 OD/TP Case (Insurer)

11.00

Sub Total (S\$)

11.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 TO PANEL BEAT ON LH FRONT BUMPER TO REAR BUMPER ,LH CENTRE PILLAR LH FENDER ,REPLACE DAMAGE PARTS AND REALIGN AFFECTED AREAS

New

1,000.00

2 TO PUTTY,RESPRAY ON LH FRT BUMPER ,LH FENDER ,LH FRT DOOR,LH REAR DOOR,LH REAR FENDER AND REAR BUMPER

New

1,700.00

3 TRANSFER DOOR PARTS TO NEW 2 DOORS

New

300.00

4 CHECK LIGHTING AND WIRING

New

50.00

5 TO RESET ECU SYSTEM

New

300.00

Gross Labour Cost (S\$)

3,350.00

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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	25/05/2022 11:42 (SGT)
Date of Accident	22/05/2022 16:00 (SGT)
Exact Location of Accident	98 Chestnut Dr, Singapore 679322
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU9191P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA TECK LEONG JIMMY
NRIC No	SXXXX929I
Email Address	jchua@comfortdelgro.com.sg
Mobile Phone No	(Phone) +65-96331871
Alternative Phone No	+65-96331871

VEHICLE PARTICULARS

Manufacturer	BMW
Model	730i
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	2000

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D18MPC0000192_03
Cover Note Number	-

DRIVER

Name of Driver	CHIA TECK LEONG JIMMY
NRIC No	SXXXX929I

Driving Pass	29/09/1948
experience	Indoor
er	14/03/1966
ile Number	56 YEARS AND 2 MONTHS
Phone Number	Male
Email Address	(Phone) +65-96331871
Address	+65-96331871
Address complement	jchua@comfortdelgro.com.sg
Postcode	98 CHESTNUT DRIVE
Is the driver the policyholder?	-
If No, Relationship of the Driver with the Insured	679322
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

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

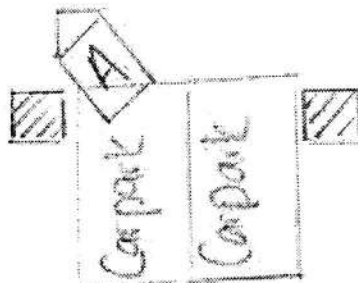
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

underground carpark

A: SDU 9191 P

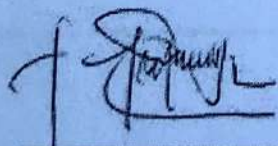


Describe Circumstances of the Accident

I was reversing into my car park lot. Unfortunately while
car was taking, the passenger side of the car was
still scratch by the pillar.

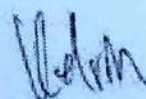
Declaration

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