ASS. REC. BY: REF:	22005307/KV
Kenneth	CICADACTACT
From:	SIGNMENT
Estimated Cost:	Veh No: SM & 2050 Pyr Regn: 07, 19
OD IMP WS / TP RES / OD RES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	01 -(A)
at Workshop m/s Cons Nel	1.0
of	- Insuled / Std / NI / NA
Insured:	Sp.Reading ////SS/ T/Radio: Insured / Std / NI / NA Eng/No:
Policy No.	
Claims No.	C/No: 124BCEB4RJT003583 Gen. Cond: 2000/Fair/Poor/Burnt
Sum Insured: Excess:	Steering: Inorgal / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: (NII) S/Rim / STD A/Rim or
	Tyre Size: F: B.S 175/65R15
(Policy Condition)	R: Pun —
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Essel
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 4 mm R/Bal 2
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 4 mm L/Bal 2
Est. Repairs:days Res.: Yes or No	1004 21/8/00
Lum Sum: //3./ % 3 Val.: Yes or No	Survey held at D.O.I. 3 /6 /2022
CA / REV / REP. / 24 HRS	Des. of Damages; Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	OIG / NIS / OIG / ROOMOP OF
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Account insurction	
Date/Time, File Pass to? Prell. Report Da	ys Of Repair:
	SURVEY NO. of Tale.
Duta/lime, File Return to?	Survey Fee:
Add Fee:	: Site Insp (\$) _ \$ + RS, _SI
	: Interview (\$
Report Format :	Tech Invs (\$
Lump Sum / I.B.I: (S	Weekend (\$
-	

B SSD



ComfortDelGro Engineering

205 Braddell Road S	(579701)	
	-	REPAIR ESTIMATES
Our Ref:		
Type of Claim :	TP	Vehicle No. : SMN2050P
		Make & Model : bluecar
		Year of Manufacture : 2018
		Chassis No. : VL4BCEB4RJT003545
Ins Company : LIBER	TY VS MS FCI	Engine No. :
Excess :	<u> </u>	Policy No. :
Date of Accident :31	1/05/2022	Time of Accident :
Suggested Days of Repair:		In-house Vehicle Assessor
Repair Estimates		Case Owner : PATRICK
Parts (a) Cost (List Dries Home		Signature :
Parts (a) Cost / List Price Items	\$ 2,702.83	Contact No
Plus/Less 20%	\$ 540.57	Frt Counter Operation
Total of Cost / List	\$ 3,243.40	Brenda Tel: 63837730 email: brendang@sparkcarcare.com
(b) Nett Price Items	<u> </u>	Rohani tel: 63837890 email: rohanim@sparkcarcare.com
Less		Back-end Operation
Total of Nett Item		Ngo Toh Wee Tel: 63837656 email: ngotw@sparkcarcare.com Patrick Tel: 63837441 email: patricktia@sparkcarcare.com
(c) Special Nett Items	\$ 100.00	
Total Parts Cost (Appendix A)	\$ 3,343.40	Not Nothonial Meaning B& pains
Labour (Appendix B)	\$ 2,850.00	
Total Repair Cost	\$ 6,193.40	
The above total will be subjected to	o 7% G.S.T.	
		4
Name of Surveyor	:	Minoth
Company	:	LKIC
Survey conducted on	: <i>5</i>	3/6/22 at 11.30cm
Remarks By Surveyor		
(a) The repair of this vehicle is a	authorized / is not aut	thorized until further notice.
(b) Recommended Days of Rep	oair :	<i>09</i> day(s)
(c) Resurvey	: Required / No	Required
(d) Excess	:\$) .
(e) Signature of surveyor	:	

Spark Car Care

ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701) Tel: 63837168 / 63837466 Fax: 62815767

Labour

Vehicle No.		SMN2050P	Case Owner	:	PATRICK
Make & Model	•			•	2018
Make & Model	:	bluecar	Year of Manufacture	•	

Make	& Model :	bluecar	Year of Manufacture	:	2018
S/No		Labour De	escription	Esimated Price	Adjusted Price
1	TO PANEL BEA	\$700.00	2501		
	REPLACE DAM				
	THE E TOE BY THE	NOL I / II (10 / II II)	ALIGITATI LOT LOT LOTALITA		
2	TO DUITTY DES	DDAY ON EDONT DU	MPER ,FRT PANEL AND	\$700.00	2501
			MPER, FRI PANEL AND	Ų, u	
	AFFECTED ARE	<u>-AS</u>			
					2501
3	TO PANEL BEA	T ON REAR END PAN	EL ,REPLACE	\$700.00	1501
	DAMAGE PART	S AND REALIGN AFFE	ECTED AREAS		
4	TO PUTTY RES	PRAY ON REAR BUM	PER,END PANEL AND	\$700.00	2501
	AFFECTED ARE			·	
	ALLEGIEDANE	<u>-A3</u>			
					301
5	CHECK WIRING	S AND LIGHTING		\$50.00	70(
-		4		-	
pater 1					
200			LKK Auto Consultants hence	notify	7
ie.			the Repairer of the following		
			• To resurvey before/after spray pa	nting	
- 12	The second of		 To display damaged part(s) during Parts prices are subject to confirm 	resurvey	
			Third party survey is on a "without	Prejudice basis	
			 No illegal modification(s) is allow 		
			 Supplementary item(s) must be re is subject to final approval from tr 	esurveyed and	
			S Subject to final approval from Ir	surance Company	
-+			Acknowledged by Repairer		20.35.3
		-1	Signature:		
			Date:		
					-
-					
-+				+	

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.

Spark Car Care ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701) Tel: 63837168 / 63837466 Fax:62815767

ricle No	:	SMN2050P	Case Owner	:	PATRICK
Make & Model	:	bluecar	Year Manufacture	:	2018
Chassis No	:	VL4BCEB4RJT003545	Engine No	:	0
Sales Order	:		Supplier	:	
Order By	:		Type of Claim	:	ТР

S/No	Part Description	QTY	Cost Price	List Price	Nett Price		S/N	Disposit Surveyo
1	REAR NUMBER PLATE W/CASING	1			By	\$	50.00	451
2	REAR BUMPER Bu	1	\$ 1,169.60		101			
3	REAR BUMPER RIVET	3	\$ 1.20					-
4	FRONT BUMPER	1	\$ 1,143.10					-
5	FRT NUMBER PLATE W/CASING	1	.,		R	\$	50.00	45.
6	FRT BUMPER TOP MESH	1	\$ 35.94		1	Ť		45.
7	FRT BUMPER MESH RIVET Me	20	\$ 8.00			+		
8	FRT BUMPER INFORCEMENT	1	\$ 189.73					7
9	FRT BUMPER SPONGE	1	\$ 155.26					7
10	0	1						•
11	0	1				+		
12	0	1		7.07	100	1		
13	0	1						
14	0	1				+		
15	0	1				+		
16	0	1				+		
7	0	3				+		
18		1				+		
19 (6				+		
20 0	1	1				+-		
21 0		1				+		
22 0		1				-		
23 0		1			-	+		2
24 0		1				+		
5 0		1				+-		
6 0		1				+-		
7 0		1				+-		
8 0		1				+		
9 0		1				-		
0 0		1				-		

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





G 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
- 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.
- B. Auty raise reporting may be referred to the Polica 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 01/06/2022 16:16 (SGT) 31/05/2022 22:30 (SGT) Date of Accident

Exact Location of Accident PIE. Singapore

BETWEEN EUNOS EXIT AND BEDOK RESERVOIR ditional Location Information

buntry/State of Loss Singapore

DETAILS OF OWN VEHICLE

1600

Vehicle Registration Number **SMN2050P**

INSURED/POLICYHOLDER

Is company? **BLUECAR EAST ASIA PTE LTD** Name Of Registered Owner Company Reg No 2XXXXX259H Email Address CLAIMS@BLUESG.COM.SG Mobile Phone No (Phone) +65-31637900 (Office) +65-31637900 Alternative Phone No

VEHICLE PARTICULARS

Model **BLUECAR (A)** Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Reporting only vour vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Comprehensive Type of Coverage Yes Fleet Policy SD22V00091/VPZ/R02 **Policy Number** Cover Note Number

DRIVER

DON ENG TIAN JIN Name of Driver SXXXX834Z NRIC No

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wiful 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)

l 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 shall be collectively referred to as the "Insurers"), the insurers law yers/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' law yers/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 law yets/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Emily 01/06/22 1243

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

Witnessed by Reporting Centre Personnel

scribe Circumstances of the Accident	
was driving glone PIF thursday also	angi aimport, after the euros exit,
THE WALL WAS LOOK OF THE PARTY	THE RESIDENCE OF THE PARTY OF T
THE PART NATIONAL PRINT PRINTS AND ALLES A	A CONTRACT AND TRACE
if by a taxi from the near and on	ded up being sandwiched between both ain accident involving 7 cars.
bors, following that, there was a ch	ain accident involving 7 cars.
	A CONTRACTOR OF A CONTRACTOR OF THE CONTRACTOR O
Declaration We declare the foregoing particulars are true in every respect.	GINE
Fauty	01/06/22 243

Witnessed by Reporting Centre Personnel