



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TPVehicle No. : SMN2050PMake & Model : bluecarYear of Manufacture : 2018Chassis No. : VL4BCEB4RJT003545Ins Company : LIBERTY VS MS FCI

Engine No. : _____

Excess : _____

Policy No. : _____

Date of Accident : 31/05/2022

Time of Accident : _____

Suggested Days of Repair : _____

In-house Vehicle Assessor**Repair Estimates**Case Owner : PATRICK

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

Rohani tel: 63837890 email: rohanim@sparkcarcare.com

(b) Nett Price Items \$ -

Less _____

Total of Nett Item _____

Back-end Operation

Ngo Toh Wee Tel: 63837656 email: ngotw@sparkcarcare.com

Patrick Tel: 63837441 email: patricktia@sparkcarcare.com

(c) Special Nett Items \$ 100.00Total Parts Cost (Appendix A) \$ 3,343.40Labour (Appendix B) \$ 2,850.00Total Repair Cost \$ 6,193.40

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

*Not authorized
Heavy B&P*

Name of Surveyor : KennethCompany : CKICSurvey conducted on : 31/5/22 at 11.30am**Remarks By Surveyor**(a) The repair of this vehicle is ☒ authorized / is not authorized until further notice.(b) Recommended Days of Repair : 04 day(s)(c) Resurvey : Required / ☒ Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : De Date: 31/5/22

Tel: 63837168 / 63837466 Fax: 62815767

2018

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

Parts

Vehicle 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 : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposit Surveyor
1	REAR NUMBER PLATE W/CASING	1			<u>B</u>	\$ 50.00	<u>45/2</u>
2	REAR BUMPER <u>Bu</u>	1	\$ 1,169.60				<u>1</u>
3	REAR BUMPER RIVET <u>m</u>	3	\$ 1.20				<u>1</u>
4	FRONT BUMPER <u>B</u>	1	\$ 1,143.10				<u>1</u>
5	FRT NUMBER PLATE W/CASING	1			<u>B</u>	\$ 50.00	<u>45/2</u>
6	FRT BUMPER TOP MESH	1	\$ 35.94				<u>1</u>
7	FRT BUMPER MESH RIVET <u>m</u>	20	\$ 8.00				<u>1</u>
8	FRT BUMPER INFORCEMENT	1	\$ 189.73				<u>7</u>
9	FRT BUMPER SPONGE	1	\$ 155.26				<u>?</u>
10	0	1					
11	0	1					
12	0	1					
13	0	1					
14	0	1					
15	0	1					
16	0	1					
17	0	3					
18	0	1					
19	0	6					
20	0	1					
21	0	1					
22	0	1					
23	0	1					
24	0	1					
25	0	1					
26	0	1					
27	0	1					
28	0	1					
29	0	1					
30	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.

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 01/06/2022 16:16 (SGT)
Date of Accident 31/05/2022 22:30 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information BETWEEN EUNOS EXIT AND BEDOK RESERVOIR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN2050P

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer Bluecar
Model BLUECAR (A)
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? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

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

DRIVER

Name of Driver DON ENG TIAN JIN
NRIC No SXXXX834Z

IMPORTANT NOTICE

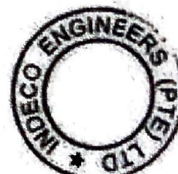
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.



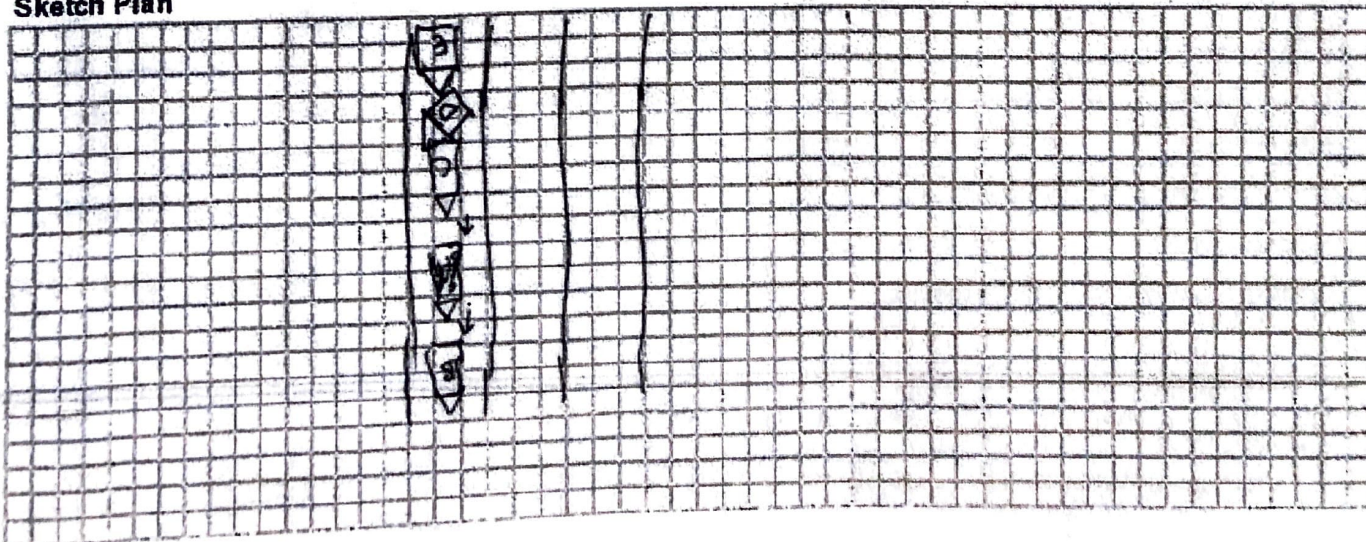
Signature 01/06/22 1245

Policyholder's Signature / Date & Time

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

Signature
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along PIE towards Changi airport, after the eunos exit, I saw a car in front of me has come to a full stop. I managed to stop in time without hitting the car ahead. After a short second or two, I was hit by a taxi from the rear and ended up being sandwiched between both cars. Following that, there was a chain accident involving 7 cars.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Fancy 01/06/22 243
Driver's Signature (If driver is not the policyholder) / Date & Time

Carole
Witnessed by Reporting Centre Personnel

