ASS. REC. BY: Kenneth

REF: TII / CS/III22006076/Kvy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Can Del

of _____

Insured: _____

Policy No. D18MFL0003414-02

Claims No. MFL2022D0003578

Sum Insured: _____ Excess: 1500 ~~TBA~~

(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: $10,5k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNO 5080Z Yr Regn: 01, 22

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

Make: Toy Sienta c.c 1496

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

Sp.Reading 60659 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NHP170 - 7251348

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: Dayanti 185/60R15

R: Toyo

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	1 mm
L/Bal.	8 mm	L/Bal.	1 mm
D.O.A.	23/6/22	D.O.I.	27/6/2022

Survey held at _____ ✓

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

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

Date / Time	Action / Instruction
16/9/22	Final fig $2584.91 confirmed by email (Red 1378.40, 34%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 16/9/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Photos _____

Others _____

TOTAL _____

Report Format : Merimen

~~Lump Sum~~ / I.B.I: ($ 2584.91

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:	D18MFL0003414-02	Date of Loss:	23/06/2022
Vehicle Reg. No.:	**SND5080Z**	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:	TOYOTA SIENTA HYBRID, 1.5 X CVT (A)	Vehicle Reg. Date:	05/01/2022
Vehicle Colour:	BLUE		
Engine No:	1NZ9329578	Chassis No:	NHP1707251348
Odometer:	0 KM		
Paint Type:			
Total Loss?	**NO**		
Est. Duration of Repair (day)	~~6~~ 3days		

Not Authorized Recovery B4 paying Ex TBA

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

COST OF CLAIMS	**Amount**
Parts	2,522.31
Miscellaneous Items	11.00
Labour	1,430.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**3,963.31**
+ GST 7.00% (S$)	277.43
Nett Amount (S$)	**4,240.74**

This claim is handled by: PATRICK TIA JEE KIANG

Source:	MRM-SG	Version: 1.0 (Last Synchronised: 27 Jun 2022)
Parts:	M1-MPV	TOYOTA SIENTA HYBRID 1.5 X CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	**ComfortDelGro Engineering Pte Ltd/SND5080Z/27/06/2022 09:52**	
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 NUMBER PLATE W/CASE	0	0.00	*45.00 FS
2	1		*FRT BUMPER	25	0.00	*390.00 F
3	8		*FRT BUMPER CLIP	25	0.00	*45.68 F
4	1		*FRT BUMPER RH SIDE RETAINER	25	0.00	*65.20 F
5	1		*FRT BUMPER LH SIDE RETAINER	25	0.00	*65.20 F
6	1		*RADIATOR GRILLE ASSY	25	0.00	*830.00 F
7	1		*FRT LOGO	25	0.00	*72.00 F
8	1		*FRT BUMPER TOW COVER RH	25	0.00	*46.00 F
9	1		*FRT BUMPER TOP RUBBER SEAL	25	0.00	*40.00 F
10	1		*FRT BUMPER SPONGE	25	0.00	*103.00 F
11	1		*FRT BUMPER INFORCEMENT	25	0.00	*397.00 F
12	1		*FRT BUMPER TOP BEAM	25	0.00	*116.00 F
13	1		*RH HREADLAMP	25	0.00	*1,020.00 F
14	1		*FRT BUMPER LOWER CENTER GRILLE SIDE COVER	25	0.00	*113.00 F

F=Franchise part. S=SpcNett.

Sub Total (S$)	**3,348.08**
- List Item Discount on L Items (S$)	825.77
Total Parts (S$)	**2,522.31**

ComfortDelGro Engineering Pte Ltd/SND5080Z/27/06/2022 09:52. Not valid without Reference section.
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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:

Miscellaneous Items

		Particulars	Amount
Miscellaneous Items			
1	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 FRONT PANEL ,RH FENDER,REPLACE DAMAGE PARTS AND REALIGN AFFECTED AREAS**	New	3 ool 600.00
2	**TO PUTTY,RESPRAY ON FRT BUMPER ,FRT PANEL,RH FRT FENDER AND AFFECTED AREAS**	New	2 5ol 800.00
3	**CHECK LIGHTING AND WIRING**	New	30.00 2 ol
		Gross Labour Cost (S$)	**1,430.00**

ComfortDelGro Engineering Pte Ltd/SND5080Z/27/06/2022 09:52. 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 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	23/06/2022 10:37 (SGT)
Reported by	Driver
Date of Accident	23/06/2022 07:05 (SGT)
Exact Location of Accident	Sinaran Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND5080Z

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) +65-68820888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MFL0003414_02

DRIVER

Name of Driver	BILLY JAMES TAN
NRIC No	SXXXX979E
Date Of Birth	07/06/1967
Occupation	Outdoor

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 w ilful misrepresentation or w ithholding 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 w ill be forw arded 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 w ill 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, acknow ledge, agree and consent that :

(a) My insurer , myw orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho 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 yers/law firms), w hich 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
	23/06/22 0945	

Sketch Plan