

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 Con Net

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

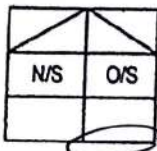
Sum Insured: \_\_\_\_\_

Excess: TBA

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.Bal. or Market Value: 8230k

IDAC Accident Report: \_\_\_\_\_

Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent?: Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lum Sum: 1.8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SNF 2758LYr Regn: 05.22

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

Truck / Trailer or WagonMake: Ty AlphardC.G. 2493Colour: h. Black

A/C: Insured / Std / NI / NA

Sp. Reading: 5671

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: AYH300142493Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD / R/Rim orTyre Size: F: 225/60R17

R: \_\_\_\_\_

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

TOYO / XOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 19/6/22D.O.I. 1/7/2022

Survey held at \_\_\_\_\_

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

Rear o/s

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

Tech Invs (\$ \_\_\_\_\_)

☐

Weekend (\$ \_\_\_\_\_)

S + RS. SI

Fees

Others

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:	D20MFL0000326-01	Date of Loss:	19/06/2022
Vehicle Reg. No.:	SNF2758L	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 ALPHARD, 2.5 S CVT ABS D/AIRBAG 2WD 5DR (A)	Vehicle Reg. Date:	18/05/2022
Vehicle Colour:	BLACK	Chassis No:	AYH300142493
Engine No:	2AR2771314		
Odometer:	0 KM		

Paint Type:  
Total Loss?  
Est. Duration of Repair (day)

NO

4 days

*Not Notified*  
*Recovery B4 claim*  
*EX TBA*

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

## COST OF CLAIMS

	Amount
Parts	4,101.25
Miscellaneous Items	11.00
Labour	1,830.00
Paintwork Labour	0.00
Towing	0.00

Gross Total (S\$)	5,942.25
+ GST 7.00% (S\$)	415.96
Nett Amount (S\$)	6,358.21

This claim is handled by: PATRICK TIA JEE KIANG



## DETAILS

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Source: MRM-SG Version: 1.0 (Last Synchronised: 01 Jul 2022)

Parts: M1-MPV TOYOTA ALPHARD 2.5 S CVT ABS D/AIRBAG 2WD 5DR (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SNF2758L/01/07/2022 09:13

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		*TAILGATE	25	0.00	*2,062.00 F
2	1		*REAR ALPHARD EMBLEM	25	0.00	*81.00 F
3	1		*E-FOUR EMBLEM	25	0.00	*69.00 F
4	1		*HYBRID SYNERGY DRIVE EMBLEM	25	0.00	*69.00 F
5	1		*RH TAILGATE LAMP	25	0.00	*756.00 F
6	1		*REAR WINDSCREEN - GLASS MOULDING	25	0.00	*179.00 F
7	1		*REAR BUMPER	25	0.00	*2,159.00 F
8	1		*SEALANT	0	0.00	*40.00 FS
9	1		*INNER SEAL	0	0.00	*30.00 FS

F=Franchise part, S=SpcNett.

Sub Total (S\$)	5,445.00
- List Item Discount on L Items (S\$)	1,343.75
Total Parts (S\$)	4,101.25

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Generated using Merimen e-Claims IEAS

- 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

Miscellaneous Items

1 OD/TP Case (Insurer)

Amount

11.00

Sub Total (S\$)

11.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1	TO PANEL BEAT ON REAR END PANEL, REPLACE DAMAGE PARTS AND REALIGN AFFECTED AREAS	New	500 700.00
2	TO PUTTY, RESPRAY TAILGATE, BUMPER, END PANEL AND AFFECTED AREAS	New	500 800.00
3	TRANSFER PART TO NEW TAILGATE	New	80 200.00
4	REMOVE AND REFIT REAR WINDSCREEN GLASS	New	100.00 ✓
5	CHECK LIGHTING AND WIRING	New	20 30.00

Gross Labour Cost (S\$)

1,830.00

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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	20/06/2022 18:12 (SGT)
Date of Accident	19/06/2022 11:45 (SGT)
Exact Location of Accident	12A Jansen Rd, Singapore 548461
Additional Location Information	JANSEN SPRING CONDOMINIUM
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF2758L
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#### 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) +65-97307305
Alternative Phone No	(Office) +65-68820888

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	2362

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0000326_01
Cover Note Number	-

#### DRIVER

Name of Driver	TAY THIAN SENG
NRIC No	SXXXX136H



## 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 20/06/2022 / 1530 HRS

Witnessed by Reporting Centre Personnel TAMIL

Sketch Plan

