HERREYA	2008100 Kgc
AQC	IGNMENT
	Veh No: SNB 53958 Yr Regn: 68, 21
Courte Cost	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
TO INSPECT VALUE IN THE PREST OF REST EVALUE INVINV	
A SAME IND.	Make: Toy Noah CC 1787
at Workshop mit Cen Nel	Colour M. Black AC: Insured / Std / NI / NA
WANTER.	Sp.Reading T/Radio: Insured / Std / NI / NA
Polly No.	EngMo;
Chairne No. MFL2022D0003178	CANO: EWR80 .0503004
Sum Insurat	Gen. Cond: @God / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
yzyka ot navr.	Brake: Inorder / Jammed / Leaked / Burnt or
	Modi: NII / S/Rim / STD A/Rim or
(Policy Condition)	Tyre Stre: F: 195165R15
Remark: The year hard community	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal or Market Value: 8 160k	TOYO/XOKO or
	Eroni Rear
C14 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	R/Bal. 6 mm R/Bal. 2 mm
C. 100 01 110	L/Bal. / mm L/Bal. / mm
	D.O.A. 20/6/22 D.O.I. 28/6/2022
Lum Sum: /- Bij % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages; Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	NIS Dody
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Batten flat	
07/07/22 revert to III via Merimen.	
7/7/22 Approved:15915.25:Please proceed a	nd submit the DE report.
8/7/22 INFORMED PATRICK C/A PART BY	·
12/07/22@11.59am Priya informed Dear Chan, E	
12/07/22@12.01pm Informed Patrick excess \$15	
	The state of the s
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	The second secon
Date/Time, File Pass to? Prell. Report Da	ys Of Repair:
1) Final Report Re	survey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation
Add Fee:	: Site Insp (\$)S+RSSI
	AND THE PROPERTY OF THE PROPERTY AND ADDRESS. THE PROPERTY AND ADDRESS. THE PROPERTY AND ADDRESS. THE PROPERTY AND ADDRESS.
<u></u>	ALUTE CHICAGO CANCEL MARINE CO. L. MITTER
Report Format :	Tech Invs (\$). Others
Lump Sum / I.B.I: (S	Weekend (\$
The second of th	107AL

28/6/22

Date: __



205 Braddell Road S(579701)	DEDAID ESTIMATES
,	Reavey Bapaing
The above total will be subjected to 7% G.S.T.	
Name of Surveyor Company Survey conducted on Remarks By Surveyor (a) The repair of this vehicle is authorized / is not (b) Recommended Days of Repair (c) Resurvey Required	Mc March UK/C 28/6/22 at ot authorized until further notice. OB day(s) d / Not Required

(e) Signature of surveyor

(d) Excess



13224

Page 1

Spark Car Care

ComfortDelGro Engineering Pte Ltd 205 Braddell Road S (579701) Tel: 63837168 / 63837466 Fax:62815767

Spare Parts

Vehicle No : SNB5395B Case Owner : PATRICK

Make & Model : TOYOTA NOAH HB 1.8X CVT Year Manufacti : 44435

Chassis No : ZWR800503004 Engine No : 2ZR2M62739

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : <u>TP</u>

S/N	o Part Description	QTY	Cost Price	List Price	Nett Price	S/		isposition By Surveyor
1	FRT LH FENDER	1	R	\$ 1,116.00				
2	FRT LH FENDER INNER SHIELD	1	DIS	\$ 181.00				
3	FRT LH FENDER INNER SHIELD CLIP	8	M	\$ 44.00				
4	FRT LH FENDER QUARTER GLASS	1	ar	\$ 633.00				
5	FRT LH QUARTER GLASS SEALANT	1			ne	\$	40.00	_
6	FRT LH DOOR	1	By	\$ 1,744.00				
7	FRT LH DOOR HINGE TOP	1	B	\$ 104.00			·	
8	FRT LH DOOR HINGE LOWER	1		\$ 118.00				7
9	FRT LH DOOR CHECKER	1		\$ 196.00				7
10	LH WING MIRROR ASSY	1	Mil	\$ 1,011.00				
11 F	FRT LH DR OUTER MOULDING	1	Bu	\$ 111.00				
12 F	FRT LH DR FRAME STICKER (VERTICAL FRT)	1	M	\$ 30.00				
13 F	RT LH DR FRAME STICKER (VERTICAL REAR)	1	na	\$ 59.00				
4 F	RT LH DR FRAME STCKER TOP	1	M	\$ 42.00				U
5 F	RT LH DR WEATHER STRIP	1		\$ 329.00				7
6 FF	RT LH DR LOCK MECHANISM	1	70	\$ 596.00				-
7 FF	RT LH DR LOWER INNER RUBBER SEAL	1		\$ 96.00				1
FF	RT LH DR GLASS	1	a	\$ 633.00				-
FR	RT LH DR GLASS SOLAR FILM	1	Nen			\$	200.00	1201
FR	T LH DR GLASS RUN CHANNEL	1				\$	274.0	7
1	T LH DR OUTER HANDLE	1	Bo	\$ 415.00				-
+	T LH DR HANDLE SENSOR	1	cm	\$ 25.00				-
1	T LH DR HANDLE SEAL 1	1	M	\$ 18.00				
-	TH DR HANDLE SEAL 2	1	ne	\$ 18.00				-
_	CENTER PILLAR OUTER	1			n	\$	304.0	00 X
_	PILLAR CHASSIS STICKER	1		TBA				
_	SLIDING DOOR	1	By	\$ 1,927.00		4		,_
_	LIDING DOOR OUTER HANDLE	1	•	\$ 157.00				7
	LIDING DR PRESS BUTTON	1			mil	\$	161.	00
	LIDING DR PRESS BUTTON SENSOR	1		W29				

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

Spark Car Care

ComfortDelGro Engineering Pte Ltd 205 Braddell Road S (579701)

Tel: 63837168 / 63837466 Fax:62815767

Spare Parts

Vehicle No : SNB5395B Case Owner : PATRICK

Make & Model : TOYOTA NOAH HB 1.8X CVT Year Manufactı: 44435

Chassis No ZWR800503004 Engine No : 2ZR2M62739

Sales Order Supplier : **0**

Order By : 0_____ Type of Claim : TP

-	S/No	Part Description	QTY	Cost Price		List Price	Nett Price			Disposition By Surveyor
ŀ	31	LH SLIDING DR FRT VERTICAL SENSOR MOULDING	1	7n	\$	1,372.00	FIICE		//4	<u>Julyon</u>
H	32	LH SLIDING DR OUTER GLASS MOULDING	1	15	\$	105.00				X
H	33	LH SLIDING DR VETICAL BLACK STICKER	1	Ma	\$	51.00		_		
H	34	LH SLIDING DR TOP BLACK STICKER	1	M	\$	50.00				
F	35 L	H SLIDING DR LOCK MECHNISIM (FRT)	1	Th		00.00		\$	254.00	
13	36 L	H SLIDING DR GLASS REGULATOR	1		\$	337.00		Ψ ,	204.00	7
3	7 L	H SLIDING DR BODY WEATHER STRIP	1	10 30	+	337.00		\$	109.00	7
3		H SLIDING DR AUTO DR MOTOR	1		\$	4,664.00		Ð.	109.00	?
3	9 LI	H SLIDING DR AUTO DR MOTOR LINKAGE	11		+*	W38				
40		SLIDING DR LOWER ROLLER	1	Ph	\$	140.00				X
41	L	SLIDING DR LOWER ROLLER BRACKET	1		+*	140.00	h	•	404.00	
42			1	The state of the s				\$	164.00	X
43	0		1 1						1, ,	
44	0				ille.	1407 15 15 1			1	
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77	0		1			Stage of the stage				
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	0		2		he F	Auto Consult Repairer of the	ants hence	notif	y ?	
48	0		1		4 10 L	survey before/a	fter spray no	atina		en agen oan yn it an
49 (0		5		100	splay damaged	part(s) during	roeun	/ev	
50 0)		1		T Cart	prices are sub	ect to confirm	ation	100000 1 1 117	
1 0)		5		• No il	party survey is egal modification	on a "Withou	Preju	dice" basis	
2 0					• Supp	lementary item	s) must be re	SULVEY	od and	Latina Batalana
_			1		is su	elementary item	roval from in	urance	e Compar	,
3 0			1	-		viedged by Rep		-	·	
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0			1							The state of the s
			1		6					Contractor Contractor

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge

will be charged accordingly under supplementary.

Spark Car Care

ComfortDelGro Engineering Pte Ltd 205 Braddell Road S (579701)

<u>Labour</u>

Tel: 63837168 / 63837466 Fax: 62815767

Vehicle No. SNB5395B PATRICK Make & Model : OYOTA NOAH HB 1.8X CVT Case Owner 44435 Year of Manufacture

	Year of Manufacture	:44435			
S/No	Labour Description	Esimated Price	Adjusted Price		
	TO CUT, WELD ON LH CNTER PILLAR, JACK, STRAIGHTEN ON	\$1,800.00	10001		
	THE PILLAR, LH REAR SIDE PANEL BEDLACE DAMAGE	ψτ,οοοίοο	•		
	PARTS AND REALIGN AFFECTED AREAS				
2	TO PUTTY ,RESPRAY ON LH FRT FENDER ,A PILLAR,FRT LH	\$1,600.00	12501		
	DOOR, CENTER PILLAR, SLIDING DOOR, LH SIDE REAR PANEL.				
	LH WINGMIRROR AND AFFECTED AREAS				
3	TO TRANSFER LH DOOR PARTS TO NEW DOOR.	\$150.00	801		
\dashv			3		
4	TO TRANSFER LH SLIDING DOOR PARTS TO NEW DOOR	\$250.00	1201		
-					
5	TO REMOVE INTERIOR UPHOLSTERY TO ASSIST REPAIR AND	\$120.00	X		
	REFIT				
\perp					
<u> </u>	CHECK LIGHTING AND WIRING	\$30.00			
		700.00			
T	O REPROGRAM LH SLIDING DOOR AFTER RENEW	\$300.00	1801		
T		4000.00			
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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.

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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 notice liability. 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.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the period the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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 15:00 (SGT) Date of Accident 20/06/2022 09:10 (SGT) **Exact Location of Accident** Clementi Rd, Singapore dditional Location Information

ntry/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB5395B

INSURED/POLICYHOLDER

Is company? COMFORTDELGRO RENT-A-CAR PTE LTD Name Of Registered Owner Company Reg No 1XXXXX775H **Email Address** dannyng@cdgrentacar.com.sg Mobile Phone No (Phone) +65-97919889 Alternative Phone No (Office) +65-68820888

Gen. Cond: Good Fair / Poor / Burn

Toyota Noah Variant Exact purpose for which vehicle was being used at time of Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category Auto **Transmission** 1797 CC

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No

WEE KOK MENG, JOHNNY(WEI GUOMING, JOHNNY) SXXXX349E



SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 3. Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate and accurate as possible.
- 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. companies.
- 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 architigated parties.
- 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 independent of this 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 of the insurers. report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act(PDPA)

lunderstand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop and the General Insurance Association of Singapore (*GIA*) may/are permitted to collect, use, disclose and/or process my passes of the collect. 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 value to the "Personal Information") w ho have insured vehicle(s) involved in this accident (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 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;
- (ii) 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 law yers/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 20/06/22

1000

Witnessed by Reporting Centre Personnel Amin

Sketch Plan

