ASS. REC. BY: Kenneth

REF: HLA1 CS/HLA22007881/Kqy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Can Rel

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 775

(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: $81k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJJ 2606T Yr Regn: 12 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Volvo S60 T2 c.c 1498

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

Sp.Reading 49286 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YV1FS28L0J2456855

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: 215/55R16

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	8/8/22	D.O.I.	18/8/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
/	
	Finalised final fig $7580, 5 days. (Red $1085, 13%)

Date/Time, File Pass to? 1) 13/03 Typist

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: ___S + RS. ___SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Parking: _____

Others: _____

TOTAL: _____

Report Format : MER-OD

~~Lump Sum~~ / I.B.I: ($ 7580)

ComfortDelGro Engineering Pte Ltd (Co.Reg.No 199506048W)
205 Braddell Road
Singapore 579701
Tel: 63837613 Fax: 62815767/65462533 Email: teokeejin@cdge.com.sg

INSURER: **HL Assurance Pte Ltd (HQ)**

PARTICULARS OF CLAIM

Claim Type:	OD (Own Damage)	Ref. No:	
Policy No:	MP315524	Date of Loss:	08/08/2022
Vehicle Reg. No.:	**SJJ2606T**	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	NG IMM	Contact No:	+6596613829
Make/Model:	VOLVO S60, 1.5 T2 (A)	Vehicle Reg. Date:	28/12/2017
Vehicle Colour:	Grey		
Engine No:	B4154T52283474	Chassis No:	YV1FS28L0J2456855
Odometer:	49286 KM		
Paint Type:			
Total Loss?	**NO**		
Est. Duration of Repair (day)	5		

Not Authorised
Army BG paint
Ex $775/-

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

COST OF CLAIMS	Amount
Parts	6,468.00
Miscellaneous Items	0.00
Labour	2,010.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**8,478.00**
+ GST 7.00% (S$)	593.46
Nett Amount (S$)	**9,071.46**

This claim is handled by: PATRICK TIA JEE KIANG

*Generated using **Merimen e-Claims Internet Estimation & Adjusting System***

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 17 Aug 2022)
Parts:	143	VOLVO S60 1.5 T2 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	**ComfortDelGro Engineering Pte Ltd/SJJ2606T/17/08/2022 08:54**	
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		***FRT RH DOOR WING MIRROR ASSEMBLY**	0.00	0.00	*950.00 F
2	1		***FRT RH DOOR WING MIRROR**	0.00	0.00	*340.00 F
3	1		***FRT RH DOOR**	0.00	0.00	*2,850.00 F
4	1		***FRT RH DOOR GLASS**	0.00	0.00	*630.00 F
5	1		***FRT RH DOOR FRAME MOULDING CHROME**	0.00	0.00	*450.00 F
6	1		***FRT RH DOOR GLASS MOULDING**	0.00	0.00	*330.00 F
7	1		***RH ROCKER PANEL GARNISH**	0.00	0.00	*330.00 F
8	1		***FRT RH FENDER (REPAIR)**	0.00	0.00	*-F
9	1		***FRT RH WHEEL RIM (REPAIR)**	0.00	0.00	*-F
10	1		***REAR RH DOOR (REPAIR)**	0.00	0.00	*-F
11	1		***REAR RH FENDER (REPAIR)**	0.00	0.00	*-F
12	1		***REAR RH WHEEL RIM (REPAIR)**	0.00	0.00	*-F

F=Franchise part.

Sub Total (S$)	**5,880.00**
+ Margin on L,N Items 10.00% (S$)	588.00
Total Parts (S$)	**6,468.00**

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Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	TO KNOCK & STRAIGHTEN ON ACCIDENT AREA, TO REMOVE & REFIT RIGHT DAMAGE PARTS	New	600.00
2	**TO PUTTY & RESPRAY ON RGHT SIDE AFFECTED AREA**	**New**	**1,000.00**
3	TO REPAIR & RESPRAY FRT RIGHT WHEEL RIM, REAR RIGHT WHEEL RIM	New	200.00
4	**TO CHECK WIRING**	**New**	**50.00**
5	TO DO WHEEL ALIGNMENT	New	80.00
6	**TO REMOVE & REFIT DOOR TRIM, DOOR GLASS, WINDOW REGULATOR, DOOR LOCK TO ASSIST WORK LOAD**	**New**	**80.00**
		Gross Labour Cost (S$)	**2,010.00**

ComfortDelGro Engineering Pte Ltd/SJJ2606T/17/08/2022 08:54. 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 Actual 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	10/08/2022 14:08 (SGT)
Reported by	Both
Date of Accident	08/08/2022 16:10 (SGT)
Exact Location of Accident	Rangoon Rd, Singapore
Additional Location Information	JUNCTION OF RANGOON RD/RACE COURSE RD/TESSENSOHN RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2606T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG IMM
NRIC No	SXXXX109F
Email Address	gilene_10@hotmail.com
Mobile Phone No	(Phone) +65-96864603
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
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	1500

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP315524

DRIVER

Name of Driver	NG IMM
NRIC No	SXXXX109F
Date Of Birth	18/07/1968

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.
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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: 1 pm

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

Witnessed by Reporting Centre Personnel

Sketch Plan