

ASS. REC. BY:

REF:

TJ / 22008010/KC

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: \$163K

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 08 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

Front

R/Bal. 3 mm

L/Bal. 3 mm

D.O.A. 28/7/22

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

20/2 215,408.23 Cash (Red. 5625.74, 26%)

Date/Time, File Pass to?

☐

: Prell. Report

☒

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 8

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

00

Lump Sum / I.B.I. (\$) \$15,408.23

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 | 28/07/2022 14:41 (SGT) |
| Reported by | Driver |
| Date of Accident | 28/07/2022 08:55 (SGT) |
| Exact Location of Accident | Alexandra Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SNC7652R |
|-----------------------------|----------|

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) +65-97800594 |
| Alternative Phone No | (Office) +65-68820888 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Noah |
| 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? | No - Reporting only |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1797 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | D18MFL0003414_03 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | LIM SOON HOCK |
| NRIC No | SXXXX689G |
| Date Of Birth | 15/09/1965 |
| Occupation | Outdoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 07/05/1985 |
| Driving experience | 37 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97800594 |
| Alt. Phone Number | - |
| Email Address | dannyng@cdgrentacar.com.sg |
| Address | BLK 552 WOODLANDS DRIVE 44 #04-34 |
| Address complement | - |
| Postcode | 730552 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|------------|
| Type of Accident | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

PASSENGER 1

| | |
|--------|--------|
| Name | SHARON |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ON 28/07/2022 AT ABOUT 08:55HRS, I WAS DRIVING VEHICLE A (SNC7652R) ALONG ALEXANDRA ROAD TOWARDS HYDERABAD ROAD. I STOP VEHICLE A AND WANTED TO TURN RIGHT. ALL THE VEHICLES AT LANE 1 AND 2 WAS STOP BEFORE YELLOW BOX. SO I SLOWLY MAKING A RIGHT TURN ENTERING YELLOW. AS I REACH TO LAND 3, VEHICLE B (SMF351S) WAS TRAVELLING VERY FAST AND COLLIDED ONTO VEHICLE A LEFT SIDE. MY PASSANGER CLAIM NOT FEELING WELL DUE TO THE IMPACT AND MIGHT GO SEE DOC.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMF3151S |
|-----------------------------|----------|

| | |
|---|----------------------|
| Vehicle Manufacturer | Kia |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LEE |
| NRIC No | SXXXX884I |
| Contact Number | (Phone) +65-98278692 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|------------------|
| Name of injured person | PASSANGER |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NOT FEELING WELL |
| Injured person in which vehicle? | SNC7652R |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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:

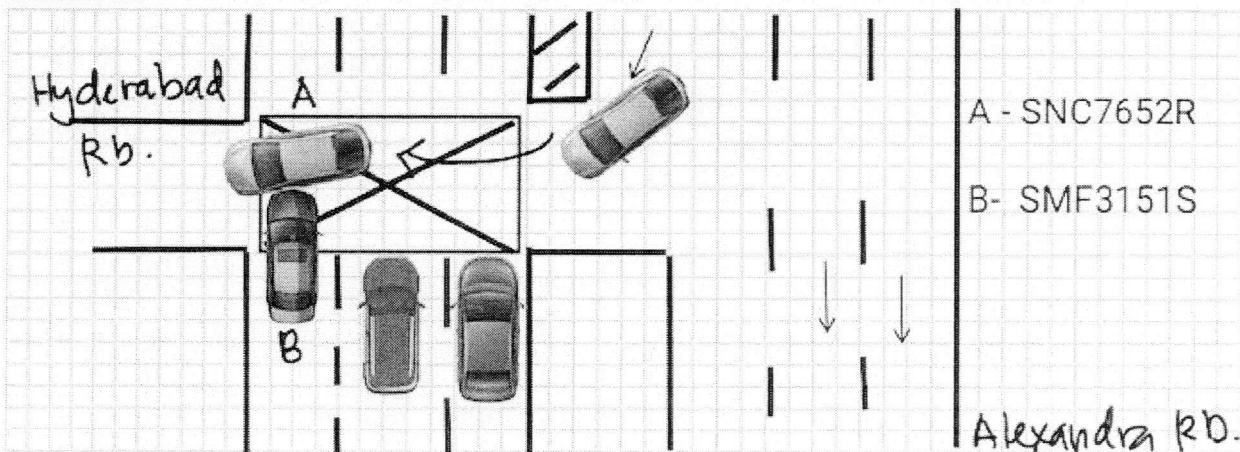
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 28/07/2022 AT ABOUT 08:55HRS, I WAS DRIVING VEHICLE A (SNC7652R) ALONG ALEXANDRA ROAD TOWARDS HYDERABAD ROAD. I STOP VEHICLE A AND WANTED TO TURN RIGHT. ALL THE VEHICLES AT LANE 1 AND 2 WAS STOP BEFORE YELLOW BOX. SO I SLOWLY MAKING A RIGHT TURN ENTERING YELLOW. AS I REACH TO LAND 3, VEHICLE B (SMF351S) WAS TRAVELLING VERY FAST AND COLLIDED ONTO VEHICLE A LEFT SIDE. MY PASSANGER CLAIM NOT FEELING WELL DUE TO THE IMPACT AND MIGHT GO SEE DOC.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time 28/7/22 @ 1215H

Witnessed by Reporting Centre
Personnel Khansey

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_03 | Date of Loss: | 28/07/2022 |
| Vehicle Reg. No.: | SNC7652R | 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 NOAH HYBRID, 1.8 (A) | Vehicle Reg. Date: | 15/11/2021 |
| Vehicle Colour: | Silver | | |
| Engine No: | 2ZR2M88904 | Chassis No: | ZWR800507226 |
| Odometer: | 51978 KM | | |

Paint Type:
List Item Discount: 25.00 %

Total Loss? **NO**Est. Duration of Repair (day) *8 days*

*Not Notified
Repair B4 paint
Excess TBA*

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

| COST OF CLAIMS | Amount |
|--------------------------|------------------|
| Parts | 17,682.97 |
| Miscellaneous Items | 11.00 |
| Labour | 3,340.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (S\$) | 21,033.97 |
| + GST 7.00% (S\$) | 1,472.38 |
| Nett Amount (S\$) | 22,506.35 |

This claim is handled by: **PATRICK TIA JEE KIANG**Generated using **Merimen e-Claims Internet Estimation & Adjusting System****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:

REPAIR DETAILS

Reference

| | |
|--|--|
| Part Source: MRM-SG | Version: 1.0 (Last Synchronised: 19 Aug 2022) |
| Parts: M1-MPV | TOYOTA NOAH HYBRID 1.8 (A) (Catalogue:Merimen Singapore 1.0) |
| Labour: Repairer's | (Price-denominated Standard List) |
| Print Code: ComfortDelGro Engineering Pte Ltd/SNC7652R/19/08/2022 17:43 | |
| 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 BUMPER | 25.00 | 0.00 | *823.20 FL | X |
| 2 | 1 | | *FRT BUMPER LH RETAINER | DIY 25.00 | 0.00 | *105.60 FL | ✓ |
| 3 | 1 | | *LH HEADLAMP | my car 25.00 | 0.00 | *3,606.60 FL | ✓ |
| 4 | 1 | | *FRT LH FENDER 911.20 | R 25.00 | 0.00 | *1,115.40 FL | ✓ |
| 5 | 1 | | *FRT LH FENDER INNER SHEILD | car 25.00 | 0.00 | *182.60 FL | ✓ |
| 6 | 1 | | *FRT LH FENDER INNER SHIELD CLIP | car 25.00 | 0.00 | *50.00 FL | ✓ |
| 7 | 1 | | *FRT LH FENDER QUATER GLASS | car 25.00 | 0.00 | *238.30 FL | X |
| 8 | 1 | | *FRT LH DOOR 1672.30 | R 25.00 | 0.00 | *1,774.10 FL | ✓ |
| 9 | 1 | | *FRT LH DOOR HINGE TOP | R 25.00 | 0.00 | *95.40 FL | X |
| 10 | 1 | | *FRT LH DOOR HINGE LOWER | R 25.00 | 0.00 | *95.40 FL | ✓ |
| 11 | 1 | | *FRT LH DOOR CHECKER | car 25.00 | 0.00 | *101.50 FL | X |
| 12 | 1 | | *LH WING MIRROR ASSY | car 25.00 | 0.00 | *1,390.40 FL | X |
| 13 | 1 | | *FRT LH DOOR OUTER MOULDING | car 25.00 | 0.00 | *148.70 FL | ✓ |
| 14 | 1 | | *FRT LH DOOR STICKER (BLACK) | car 25.00 | 0.00 | *240.50 FL | ✓ |
| 15 | 1 | | *FRT LH DOOR WHEATHERSTRIP | car 25.00 | 0.00 | *380.40 FL | ✓ |
| 16 | 1 | | *FRT LH DOOR LOCK MECHANISM | car 25.00 | 0.00 | *410.70 FL | ✓ |
| 17 | 1 | | *FRT LH DOOR LOWER INNER RUBBER SEAL | car 25.00 | 0.00 | *105.60 FL | ✓ |
| 18 | 1 | | *FRT LH DOOR GLASS | car 25.00 | 0.00 | *610.60 FL | X |
| 19 | 1 | | *FRT LH DOOR OUTER HANDLE | DIY 25.00 | 0.00 | *385.40 FL | ✓ |
| 20 | 1 | | *FRT LH DOOR HANDLE SEAL 1 | car 25.00 | 0.00 | *21.50 FL | ✓ |
| 21 | 1 | | *FRT LH DOOR HANDLE SEAL 2 | car 25.00 | 0.00 | *20.40 FL | ✓ |
| 22 | 1 | | *LH CEBTER PILLAR OUTER | R 25.00 | 0.00 | *580.30 FL | ✓ |
| 23 | 1 | | *REAR LH SLIDING DOOR 1594 | R 25.00 | 0.00 | *1,847.30 FL | ✓ |
| 24 | 1 | | *REAR LH SLIDING DOOR RUBBER 1160 | car 25.00 | 0.00 | *1,364.00 FL | ✓ |
| 25 | 1 | | *REAR LH SLIDING DOOR STICKER (BLACK) | car 25.00 | 0.00 | *158.50 FL | ✓ |
| 26 | 1 | | *LH ROCKER PANEL GARNISH | car 25.00 | 0.00 | *480.50 FL | ✓ |
| 27 | 1 | | *FRT LH RIM 15 850.50 | car 25.00 | 0.00 | *1,850.40 FL | ✓ |
| 28 | 1 | | *FRT LH TYRE | car 25.00 | 0.00 | - | X |
| 29 | 1 | | *FRT LH WHEEL HUB | R 25.00 | 0.00 | *215.60 FL | ✓ |
| 30 | 1 | | *FRT LH WHEEL HUB BEARING | car 25.00 | 0.00 | *140.30 FL | ✓ |
| 31 | 1 | | *FRT LH KNUCKLE | R 25.00 | 0.00 | *329.70 FL | ✓ |
| 32 | 1 | | *FRT LH LOWER ARM 566.60 | DIY 25.00 | 0.00 | *580.50 FL | ✓ |
| 33 | 1 | | *FRT LH ABSORBER | R 25.00 | 0.00 | *380.30 FL | ✓ |
| 34 | 1 | | *FRT LH ABSORBER TOP MOUNTING | car 25.00 | 0.00 | *140.20 FL | X |
| 35 | 1 | | *STEERING LH TIE ROD | R 25.00 | 0.00 | *98.70 FL | ✓ |
| 36 | 1 | | *STEERING RACK | DIY 25.00 | 0.00 | *2,074.90 FL | ✓ |
| 37 | 1 | | *FRT LH STABILIZER LINK | car 25.00 | 0.00 | *105.20 FL | X |
| 38 | 1 | | *FRT LH DRIVESHAFT | R 25.00 | 0.00 | *1,328.60 FL | X |

F=Franchise part. L=ListItemDisc.

| | |
|--|------------------|
| Sub Total (\$\$) | 23,577.30 |
| - List Item Discount on L Items (\$\$) | 5,894.33 |
| Total Parts (\$\$) | 17,682.97 |

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Estimates on Miscellaneous Items

| No | Qty | 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 KNOCK & STRAIGHTEN ON ACCIDENT AREA, TO REMOVE & REFIT LH SIDE DAMAGE PARTS | New | 1,400.00 |
| 2 | TO PUTTY & RESPRAY ON LEFT SIDE AFFECTED AREA | New | 1,400.00 |
| 3 | TO CHECK WIRING, FOCUS HEADLAMP | New | 100.00 |
| 4 | TO REMOVE & REFIT UNDERCARRIAGE TO ASSIST WORK LOAD | New | 200.00 |
| 5 | TO DO WHEEL ALIGNMENT | New | 80.00 |
| 6 | TO REMOVE & REFIT DOOR TRIM, DOOR GLASS, WINDOW REGULATOR, DOOR LOCK TO ASSIST WORKLOAD | New | 160.00 |
| Gross Labour Cost (S\$) | | | 3,340.00 |

ComfortDelGro Engineering Pte Ltd/SNC7652R/19/08/2022 17:43. Not valid without Reference section.

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< END OF ESTIMATES >

15,408.23