

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Com Del

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.

N/S	O/S

Bal. or Market Value: \$56k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKW 7804 A Yr Regn: 11, 15

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

Truck / Trailer or MPVMake: Toy Wish C.C. 1788Colour: In Black A/C: Insured / Std / NI / NASp. Reading: 83621 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDGG20W10J.003106Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD / A/Rim orTyre Size: F: 195/85R15

R: _____

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

TOYO / YOKO or Davanti

Front: _____ Rear: _____

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 16/7/22 D.O.I. 24/8/2022

Survey held at _____

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

C/SR & UIC

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

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_02	Date of Loss:	16/08/2022
Vehicle Reg. No.:	SKW7804A	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 WISH, 1.8 CVT (A)
Vehicle Colour:	BLACK
Engine No:	2ZR1667736
Odometer:	0 KM

Vehicle Reg. Date: 16/11/2015

Chassis No: JTDGG20W10J003106

Paint Type:	
List Item Discount:	25.00 %
Total Loss?	NO
Est. Duration of Repair (day)	<i>5 days</i>

Not Authorised
1/1/2023
Recovery After Repair
Ex TBA

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

	Amount
COST OF CLAIMS	8,742.75
Parts	11.00
Miscellaneous Items	2,700.00
Labour	0.00
Paintwork Labour	0.00
Towing	
Gross Total (S\$)	11,453.75
+ GST 7.00% (S\$)	801.76
Nett Amount (S\$)	12,255.51

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: 23 Aug 2022)**Parts:** M1-MPV TOYOTA WISH 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SKW7804A/23/08/2022 15:43**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	CM	25.00	0.00	*626.70 FL	✓
2	1		*FRT BUMPER GRILLE ASSEMBLY		25.00	0.00	*440.30 FL	?
3	1		*FRT RH FOGLAMP GARNISH		25.00	0.00	*90.40 FL	?
4	1		*FRT LH FOGLAMP GARNISH	Sm	25.00	0.00	*90.40 FL	X
5	1		*FRT RH FOGLAMP		25.00	0.00	*329.00 FL	?
6	1		*FRT LH FOGLAMP	Sm	25.00	0.00	*329.00 FL	X
7	1		*RH HEADLAMP	mtg Sm	25.00	0.00	*1,344.10 FL	✓
8	1		*LH HEADLAMP	Sm	25.00	0.00	*1,344.10 FL	X
9	1		*FRT BONNET	Sm	25.00	0.00	*1,037.80 FL	X
10	1		*FRT BONNET INSULATOR	Sm	25.00	0.00	*436.40 FL	X
11	1		*FRT RH FENDER	By	25.00	0.00	*1,049.00 FL	✓
12	1		*FRT RH FENDER INNER SHIELD	CM	25.00	0.00	*183.10 FL	✓
13	1		*FRT RH RETAINER	CM	25.00	0.00	*73.40 FL	✓
14	1		*FRT WIPER TANK	nd	25.00	0.00	*310.60 FL	✓
15	1		*FRT WIPER TANK MOTOR 1	CM	25.00	0.00	*1,335.50 FL	✓
16	1		*FRT RH DOOR WING MIRROR ASSEMBLY	gks mi	25.00	0.00	*94.10 FL	X
17	1		*FRT RH DOOR WING MIRROR	Sm	25.00	0.00	-	✓
18	1		*FRT RH WHEEL RIM	nd	25.00	0.00	-	✓
19	1		*FRT RH KNUCKLE ARM	By	25.00	0.00	*666.10 FL	✓
20	1		*FRT RH KNUCKLE BEARING	nd	25.00	0.00	*77.00 FL	✓
21	1		*FRT RH LOWER ARM		25.00	0.00	*805.40 FL	?
22	1		*FRT RH LOWER ARM BALLJOINT		25.00	0.00	*278.70 FL	?
23	1		*FRT RH TIE ROD END		25.00	0.00	-	?
24	1		*FRT RH STABILIZER LINK		25.00	0.00	*251.20 FL	?
25	1		*FRT RH ABSORBER		25.00	0.00	*464.70 FL	?

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$) 11,657.00**- List Item Discount on L Items (\$\$)** 2,914.25**Total Parts (\$\$)** 8,742.75

ComfortDelGro Engineering Pte Ltd/SKW7804A/23/08/2022 15:43. Not valid without Reference section.
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Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	To knock & straighten on accident area, to remove & refit front damage parts	New	1,200.00
2	To putty & respray on front affected area.	New	1,200.00
3	To check wiring, focus headlamp.	New	100.00
4	To remove & refit undercarriage to assist work load.	New	200.00
Gross Labour Cost (S\$)			2,700.00

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< END OF ESTIMATES >

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	775H
Vehicle Details	
Vehicle No.:	SKW7804A
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Aug 2022
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 CVT
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	2ZR1667736
Chassis No.:	JTDGG20W10J003106
Maximum Power Output:	105.0 kW (140 bhp)
Open Market Value:	\$19,953.00
Original Registration Date:	16 Nov 2015
First Registration Date:	16 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$19,953.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Nov 2025
PARF Rebate Amount:	\$12,969.00
Intended COE Rebate Details	
COE Expiry Date:	15 Nov 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$59,889.00
COE Rebate Amount:	\$19,439.00
Total Rebate Amount:	\$32,408.00

The information contained herein is correct as at 17 Aug 2022

OK

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 20/07/2022 10:00 (SGT)
Reported by Driver
Date of Accident 16/07/2022 15:00 (SGT)
Exact Location of Accident Jalan Persiaran Desaru Utama, Taman Desaru Utama, 82200 Kota Tinggi, Johor, Malaysia
Additional Location Information -
Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW7804A

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) +65-97521347
Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1798

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D20MFL0000326_02

DRIVER

Name of Driver HAGINO TAKUYA
Passport No/FIN GXXXX850T
Date Of Birth 13/02/1991

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 willful 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.
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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

