ASS. REC. BY: Kenneth | REF: CTZI 22093451/Ki

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 251A

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Hon

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 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: SOS 2661G Yr Regn: 09, 18

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

Make: Subaru Impreza c.c 1995

Colour M.D. Grey A/C: Insured / Std / NI / NA

Sp.Reading 60839 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF1GT7KL5G064724

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/50R17

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.	15/9/22	D.O.I.	23/9/2022

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
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: (S _____

20/9/2022

1st

SPARK CAR CARE
ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TP

Vehicle No.	:	SDS2661G
Make & Model	:	SUBARU IMPREZA 2.0
Year of Manufacture	:	2018
Chassis No.	:	JF1GT7KL5KG064724
Engine No.	:	FB20CE49074
Policy No.	:	
Time of Accident	:	1235HRS

Ins Company : AIG

Excess :

Date of Accident : 15.09.2022

Suggested Days of Repair :

In-house Vehicle Assessor

Case Owner : Johari BH

Signature :

Repair Estimates

Parts (a) Cost / List Price Items	$	5,192.20
Plus/Less 20%	$	1,038.44
Total of Cost / List	$	4,153.76
(b) Nett Price Items	$	-
Less		
Total of Nett Item		
(c) Special Nett Items	$	180.00
Total Parts Cost (Appendix A)	$	4,333.76
Labour (Appendix B)	$	2,780.00
Total Repair Cost	$	7,113.76

Contact No

Frt Counter Operation
63837103 – Patrick Tia
PatrickTia@sparkcarcare.com
63837730 - Brenda Ng
BrendaNg@sparkcarcare.com
63837466 – Rohani
RohaniM@sparkcarcare.com

Workshop Operation
63837656 - Ngo Toh Wee
Ngotw@sparkcarcare.com
63838115 -

63837362 -

Not Authorised
Resurvey Required

The above total will be subjected to 7% G.S.T.

Name of Surveyor : Kenneth

Company : LKC

Survey conducted on : 23/9/22 at 11.05am

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : 04 day(s)

(c) Resurvey : Required / ~~Not Required~~

(d) Excess :$

(e) Signature of surveyor : Kc Date: 23/9/22

Spark Car Care

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

Spare Parts

Vehicle No : SDS2661G
Case Owner : **Johari BH**
Make & Model : SUBARU IMPREZA 2.0
Year Manufacture :
Chassis No : JF1GT7KL5KG064724
Engine No : FB20CE49074
Sales Order :
Supplier :
Order By :
Type of Claim : **TP**

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposit Surveyo
1	TAILGATE	1		$ 1,050.00			
2	TAILGATE RUBBER	1		$ 115.00			X
3	TAILGATE INNER TRIMBOARD	1		$ 195.00			X
4	TAILGATE LOCK	1		$ 185.00			X
5	TAILGATE LAMP	2		$ 410.00			?
6	TAILGATE ABSORBER	2		$ 350.00			X
7	TAILGATE OUTER GARNISH	1		$ 185.00			?
8	TAILGATE EMBLEM	1		$ 85.00			
9	TAILGATE SUBARU WORDING	1		$ 115.00			
10	TAILGATE SYMMETRICAL AWD WORDING	1		$ 115.00			
11	TAILGATE IMPREZA WORDING	1		$ 45.00			
12	TAILGATE EYE SIGHT WORDING	1		$ 50.00			
13	REAR BUMPER	1		$ 454.00			
14	REAR BUMPER CLIP	10		$ 30.00			
15	REAR BUMPER SIDE RETAINER	2		$ 48.20			X
16	REAR BUMPER SIDE RETAINER	2		$ 46.00			X
17	REAR BUMPER SPONGE	1		$ 205.00			?
18	REAR BUMPER REINFOCEMENT	1		$ 245.00			?
19	REAR BUMPER TOW COVER	1		$ 18.00			
20	REAR BUMPER REFLEXTOR LAMP	2		$ 66.00			X
21	REAR BUMPER SENSOR	2					
22	REAR BUMPER BRACKET	4					?
23	REAR BUMPER SENSOR RING	4					?
24	REAR TAILLAMP	2		$ 770.00			X
25	REAR END PANEL	1		$ 295.00			X
26	REAR END PANEL TOP GARNISH	1		$ 115.00			X
27	REAR NUMBER PLATE	1				$ 50.00	X
28	REAR WINDSCREEN INNER SEAL	1				$ 50.00	
29	REAR WINDSCREEN SEALANT	1				$ 80.00	
30							

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

20/9/2022 9:49 AM

Spark Car Care

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

Labour

Vehicle No. :	**SDS2661G**	Case Owner	: **Johari BH**
Make & Model :	**SUBARU IMPREZA 2.0**	Year of Manufacture	: **2018**

S/No	Labour Description	Esimated Price	Adjusted Price
1	To cut and weld /knock & straighten on accident area, to remove & refit damage parts and realign the same.	$850.00	401
2	To putty and spray paint rear bumper,rear tailgate,rear end panel and affected area.	$1,000.00	501
3	To check electrical lighting concerned	$100.00	201
4	To reinstall of rear bumper parking sensor	$120.00	801
5	To remove and refit rear windscreen	$160.00	1201
6	To rust proof the affected area	$350.00	301
7	To transfer of tailgate fittings,fixture and perform waterseepage test	$200.00	601

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:

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.

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 witholding 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	15/09/2022 18:41 (SGT)
Reported by	Both
Date of Accident	15/09/2022 12:35 (SGT)
Exact Location of Accident	Napier Rd, Singapore
Additional Location Information	Napier Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS2661G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ng Kim Hoay
NRIC No	SXXXX251A
Email Address	ngkh01@yahoo.com
Mobile Phone No	(Phone) +65-97597638
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Impreza
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	D300635157QMY

DRIVER

Name of Driver	Ng Kim Hoay
NRIC No	SXXXX251A
Date Of Birth	13/10/1971
Occupation	Indoor

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 claim and any necessary investigations relating to the claim;

(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.

Wan Hoay

15/9/2022

Policyholder's Signature / Date & Time

S.K.Pa

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

Witnessed by Reporting Centre Personnel

Sketch Plan