

ASS. REC. BY:

REF: AIS / 220095571kp

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: _____

(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: 822k

IDAC Accident Rport: _____ Consistent?: Yes or No

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

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. 1 24 HRS 17/11/14

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

Veh No: PA 9177U Yr Regn: 12, 09

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

Make: Toy 1-lace c.c. 2982

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 819351 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTF JTC 2P 1000 1297

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195R15XR
R: _____

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

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 11/9/22 D.O.I. 28/9/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
<u>1</u>	<u>Tailgate jammed</u>

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	_____
Transportation:	_____
\$ - RS. SI	_____
Prints	_____
Others	_____
TOTAL	_____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

Lump Sum / I.B.I: (\$)



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TP

Vehicle No. : PA9177U

Make & Model : TOYOTA HIACE

Year of Manufacture : 2009

Chassis No. : JTFJT02P100001297

Ins Company : ALLIANZ

Engine No. : 1KD2066530

Excess : _____

Policy No. : _____

Date of Accident : 11.09.2022

Time of Accident : 18:30

Suggested Days of Repair : _____

In-house Vehicle Assessor

Repair Estimates

Case Owner : Johari BH

Signature : _____

Parts (a) Cost / List Price Items \$ 7,575.80

Plus/Less 30% \$ 2,272.74

Total of Cost / List \$ 5,303.06

(b) Nett Price Items _____

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ 225.70

Total Parts Cost (Appendix A) \$ 5,528.76

Labour (Appendix B) \$ 3,020.00

Total Repair Cost \$ 8,548.76

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 Authorized
1/1 Png &
Resurvey After Png*

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

Name of Surveyor : Kenneth
Company : LKK
Survey conducted on : 28/9/22 at 1.15pm

Remarks By Surveyor

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

(b) Recommended Days of Repair : 0 Day day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : Se Date: 28/9/22

Spark Car Care

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

Spare Parts

Vehicle No : PA9177U Case Owner : Johari BH
 Make & Model : TOYOTA HIACE Year Manufactu: _____
 Chassis No : JTFJT02P100001297 Engine No : 1KD2066530
 Sales Order : _____ Supplier : _____
 Order By : _____ Type of Claim : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	REAR WINDSCREEN <i>shortland</i>	1		\$ 1,525.70			✓
2	REAR WINDSCREEN INNER SEAL	1			<i>me</i>	\$ 60.00	<i>30sn</i>
3	REAR WINDSCREEN SEALANT	1			<i>me</i>	\$ 80.00	<i>40sn</i>
4	TAILGATE <i>Ry</i>	1		\$ 2,258.10			✓
5	TAILGATE ABSORBER <i>sn</i>	2		\$ 556.60			✓
6	TAILGATE EMBLEM <i>me</i>	1		\$ 60.20			✓
7	TAILGATE GARNISH <i>Ry</i>	1		\$ 158.30			✓
8	TAILGATE LOCK <i>Tm</i>	1		\$ 279.80			✓
9	TAILGATE CATCH	1		\$ 107.20			?
10	TAILGATE UPPER HINGE <i>R</i>	2		\$ 150.40			✓
11	TAILGATE NUMBER PLATE LAMP	2		\$ 146.60			?
12	70KM/H STICKER	1			<i>me</i>	\$ 35.70	<i>15sn</i>
13	TAIL LAMP <i>cls Bro</i> <i>msnc</i>	2		\$ 734.20			✓
14	REAR BUMPER <i>Ry</i>	1		\$ 485.20			✓
15	REAR BUMPER SIDE BRACKET <i>cls Bro</i>	2		\$ 84.20			✓
16	REAR BUMPER LOWER BRACKET <i>diy</i>	4		\$ 146.80			✓
17	END PANEL <i>Ry</i>	1		\$ 386.70			✓
18	END PANEL TOP GARNISH	1		\$ 115.80			?
19	REVERSE SENSOR	1SET		\$ 380.00			<i>200sn</i>
20	NUMBER PLATE	1			<i>me</i>	\$ 50.00	<i>25sn</i>
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

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

REC. BY:

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 13/09/2022 18:02 (SGT)
Reported by Driver
Date of Accident 11/09/2022 18:30 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information ALONG AYE TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA9177U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SETSCO SERVICES PTE LTD
Company Reg No 1XXXXX269D
Email Address yongll@setsco.com
Mobile Phone No (Phone) +65-68950660
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2500

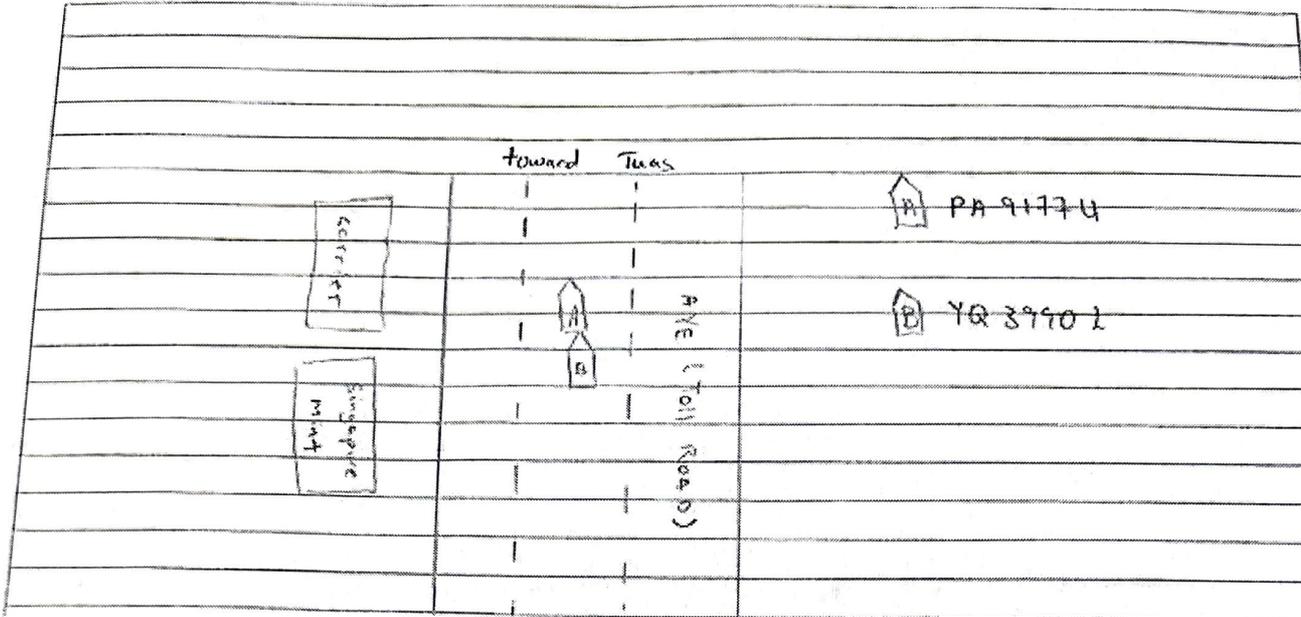
INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D20MFL0000795_02

DRIVER

Name of Driver THANGASWAMY SIVALINGOM
Passport No/FIN GXXXX817T
Date Of Birth 10/06/1972
Occupation Indoor

Describe Circumstances of the Accident



On 11/09/2022 (Sunday) I was instructed by my engineer to pick up a newly hired staff from the quarantine centre to jalan takang dormitory. I was driving my company (setseco services Pte Ltd) Vehicle PA 9177U. My travelling speed is about 60-70 km/h. At around 6.30pm the rear vehicle YQ3990L suddenly hit my vehicle rear partition at the location AYE (Toll Road). I stopped and check, I saw my vehicle rear bumper, right signal light and rear mirror was badly damage. We then exchange the partical and took some photos before we left the scene. No one was injured in this accident.

Declaration

We declare the foregoing particulars are true in every respect.

SETSCO SERVICES
 531 BUKIT DATOK STREET
 SINGAPORE 659547
 TEL: 6596 7777
 SETSCO FAX: 65 3 7718

Policyholder's Signature / Date & Time
Juli
 13/9/22

Driver's Signature (If driver is not the policyholder) / Date & Time
T S L 12/09/22

Witnessed by Reporting Centre Personnel
Kelvin