

ASS. REC. BY:

REF: Q / CS/III22011358/Kqy3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s Can

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \$250k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SDV 9960R Yr Regn: 12, 21

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

Truck / Trailer or (A) Wagon

Make: Mer GLC 200 c.c. 1991

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

Sp. Reading: 7337 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIN25398026003524

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / R/Rim or

Tyre Size: F: 235/80R18

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

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

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

D.O.A. 30/10/22 D.O.I. 14/11/2022

Survey held at _____

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

FR N/S

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

Date / Time Action / Instruction

KENNETH FINALISED FINAL FIG \$8292.30, 3 days. (Red \$1446.50, 15%)

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

11/20/12 Typist : Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation

\$ - RS. \$

Fees

Others

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format: MER-OD

Lump Sum / I.B.I. (\$) 8292.30

TOTAL

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:	30/10/2022
Vehicle Reg. No.:	SDV9966R	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:	MERCEDES-BENZ GLC 200, Vehicle Reg. 2.0 (A)	Date:	27/12/2021
Vehicle Colour:	SILVER		
Engine No:	26492030423857	Chassis No:	W1N2539802G003524
Odometer:	0 KM		

*Not withered
Repair B&P
3 days*

Paint Type:	
List Item Discount:	10.00 %
Total Loss?	NO
Est. Duration of Repair (day)	<i>8</i>

Present Location: **COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)**

COST OF CLAIMS

	Amount
Parts	8,947.80
Miscellaneous Items	11.00
Labour	780.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	9,738.80
+ GST 7.00% (\$\$)	681.72
Nett Amount (\$\$)	10,420.52

This claim is handled by: OI SUN PIN

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 14 Nov 2022)
 Parts: M1-SUV MERCEDES-BENZ GLC 200 2.0 (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: **ComfortDelGro Engineering Pte Ltd/SDV9966R/14/11/2022 08:25**
 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		*LEFT HEADLAMP	<i>10</i> 10.00	0.00	*5,100.00 FL ✓
2	1		*FRONT BUMPER	<i>10</i> 10.00	0.00	*1,943.00 FL ✓
3	1		*FRONT BUMPER LEFT SIDE COVER	10.00	0.00	<i>84</i> *84.00 FL ✓
4	1		*FRONT BUMPER LOWER GARNISH	<i>10</i> 10.00	0.00	*525.00 FL ✓
5	1		*FRONT BUMPER LOWER CHROME	<i>10</i> 10.00	0.00	*1,650.00 FL ✓
6	1		*FRONT LEFT PARKING SENSOR 1	10.00	0.00	*320.00 FL ✓
7	1		*FRONT LEFT PARKING SENSOR 2	10.00	0.00	*320.00 FL ✓

F=Franchise part. L=ListItemDisc.

Sub Total (S\$) **9,942.00**
 - List Item Discount on L Items (S\$) **994.20**

 Total Parts (S\$) **8,947.80**

**ComfortDelGro Engineering Pte Ltd/SDV9966R/14/11/2022 08:25. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS**

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:

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 Front damage parts	New	²⁵⁰¹ 400.00
2	To putty & respray on Front bumper.	New	²⁵⁰¹ 300.00
3	To check wiring, focus headlamp & install parking sensor	New	¹ 80.00 ✓
Gross Labour Cost (S\$)			780.00

ComfortDelGro Engineering Pte Ltd/SDV9966R/14/11/2022 08:25. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

< 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.:	SDV9966R
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Nov 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	GLC200 (R18 LED)
Primary Colour:	Silver
Manufacturing Year:	2021
Engine No.:	26492030423857
Chassis No.:	W1N2539802G003524
Maximum Power Output:	145.0 kW (194 bhp)
Open Market Value:	\$45,258.00
Original Registration Date:	27 Dec 2021
First Registration Date:	27 Dec 2021
Transfer Count:	0
Actual ARF Paid:	\$55,362.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Dec 2031
PARF Rebate Amount:	\$41,521.00
Intended COE Rebate Details	
COE Expiry Date:	26 Dec 2031
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$80,210.00
COE Rebate Amount:	\$73,223.00
Total Rebate Amount:	\$114,744.00

The information contained herein is correct as at 09 Nov 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 31/10/2022 18:41 (SGT)
Reported by Driver
Date of Accident 30/10/2022 15:30 (SGT)
Exact Location of Accident 261 Bukit Timah Rd, Singapore 259703
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDV9966R

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) +65-93979917
Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc200
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1991

INSURANCE COMPANY

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

DRIVER

Name of Driver WU XUNYU
Passport No/FIN GXXXX084U
Date Of Birth 06/03/1972
Occupation Outdoor

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 reputate 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 lodgment 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

[Handwritten Signature]

Policyholder's Signature / Date & Time

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

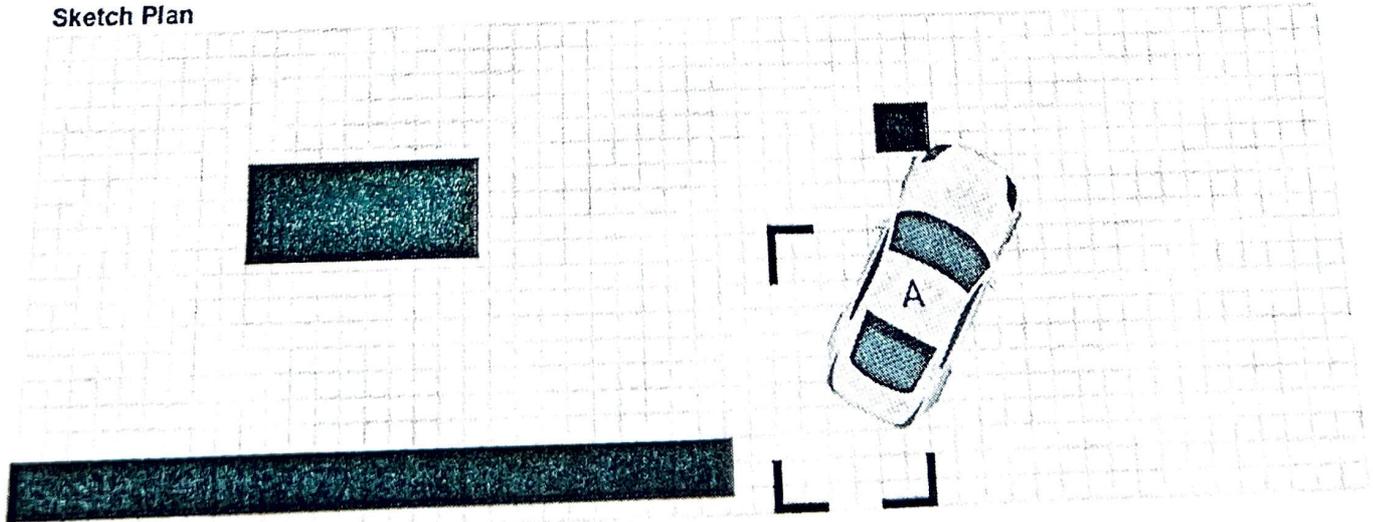
31/10/2022 1820HRS

FLASH ACCIDENT REPORTING OFFICER
FRO SUFIYAN



Witnessed by Reporting Centre Personnel

Sketch Plan

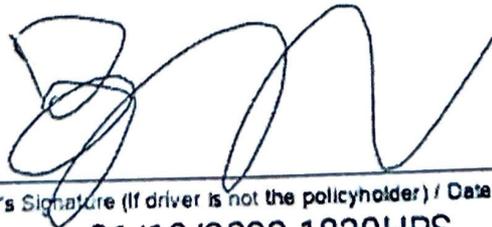


Describe Circumstances of the Accident

ON 30/10/2022 AT AROUND 1530HRS, I WAS REVERSING VEHICLE A (SDV9966R) INTO CARPARK LOT 50 AT 261 BUKIT TIMAH ROAD CARPARK. WHILE REVERSING, THE FRONT LEFT OF VEHICLE A GRAZED AGAINST A WALL. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

Declaration

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



FLASH ACCIDENT
REPORTING OFFICER
FRO SUFIYAN



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
31/10/2022 1820HRS

Witnessed by Reporting Centre Personnel