

ASS. REC. BY:

REF:

FCZ/23 002858/K9

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

Veh No:

PA9515C

Yr Regn:

06.10

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

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

To Inspect Vehicle No:

Truck / Trailer or

at Workshop m/s

Com Del

Make:

Toy Hiace

c.c

2982

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

70869

T/Radio:

Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

JTFTST22P 40 0008481

Claims No.

Sum Insured:

Excess:

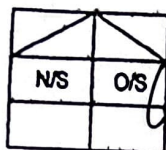
8500

(Client's Record)

Make of Veh:

1000

(Policy Condition)

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

Bal. or Market Value:

820k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

1-B.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

06/25

Date:

Person Contacted:

Vehicle: IN / OUT

Front

Rear

R/Bal.

5

mm

R/Bal.

6

mm

L/Bal.

5

mm

L/Bal.

6

mm

D.O.A.

19/1/23

D.O.I.

24/3/2023

Survey held at

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

015 body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Report Format:

Lum Sum / I.B.I. (\$

TOTAL



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : ODVehicle No. : PA9515CMake & Model : TOYOTA HIACEYear of Manufacture : 2010Chassis No. : JTFST22P700008481Ins Company : MS FIRSTCAPITALEngine No. : 1KD2011276

Excess : _____

Policy No. : _____

Date of Accident : 19.01.2023Time of Accident : 16.55

Suggested Days of Repair : _____

In-house Vehicle Assessor**Repair Estimates**

Case Owner : _____

Signature : _____

Parts (a) Cost / List Price Items

Plus/Less : \$ -

Total of Cost / List : \$ -

(b) Nett Price Items : \$ -

Less : _____

Total of Nett Item : _____

(c) Special Nett Items : _____

Total Parts Cost (Appendix A) : \$ -

Labour (Appendix B) : \$ 1,600.00

Total Repair Cost : _____

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 -

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

Name of Surveyor : HenrichCompany : LKRSurvey conducted on : 24/3/23 at 9.50 am**Remarks By Surveyor**(a) The repair of this vehicle is ~~not~~ authorized / is not authorized until further notice.(b) Recommended Days of Repair : 05 day(s)(c) Resurvey : Required / ~~Not Required~~(d) Excess : \$ 500k(e) Signature of surveyor : Pe Date: 24/3/23

Not within
Resurvey B&P

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

Spare Parts

Vehicle No : PA9515C Case Owner : JOHARI

Make & Model : TOYOTA HIACE Year Manufacture : _____

Chassis No : JTFST22P700008481 Engine No : 1KD2011276

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : OD

S/No		QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	LH SIDE PANEL CENTER <i>h1</i>	1					✓
2	SEALANT <i>h2</i>					\$ 80.00	✓
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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27							
28							
29							
30							

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

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

Vehicle No. : PA9515C
Make & Model : TOYOTA HIACE

Case Owner
Year of Manufacture

: JOHARI
: 2010

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 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	21/01/2023 09:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/01/2023 16:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RIDLEY PARK JUNCTION OF TANGLING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA9515C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MINISTRY OF FOREIGN AFFAIRS
Company Reg No	TXXXXX014A
Email Address	MUHAMAD_FAHMI_CHUPARI@MAF.COM.SG
Mobile Phone No	(Phone) +65-63797813
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2000

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-220099824MBP

DRIVER

Name of Driver	LIM TONG CHYE
NRIC No	SXXXX655I
Date Of Birth	29/04/1954
Occupation	Outdoor

1. The information provided in this report is for the use of the police only. It is not to be used for any other purpose. Any use of this report for any other purpose is at the user's risk.
2. The issue and acceptance of this Form by insurance companies is not an admission of liability on the part of the insurance companies.
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5. By the lodgement of the 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.

6. 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 be 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 insurers who have insured vehicle(s) involved in this accident (for insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/solicitors, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, settling and/or resolving my claim involving the settlement of the claims and any necessary investigation relating to the claims;

(ii) conducting any investigation relating to my claim involving the settlement of the claims and any necessary investigation relating to the claims;

(iii) conducting any investigation relating to my claim involving the settlement of the claims and any necessary investigation relating to the claims; and

(iv) conducting with any other law in conducting, processing, handling and/or dealing with my claim (collectively the "Purposes").

(v) All insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/solicitors, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(vi) my Personal Information may be disclosed by any of the Insurers and/or GIA to third third party service providers or agents (including those of overseas firms) which may be based outside of Singapore, for one or more of the above Purposes.

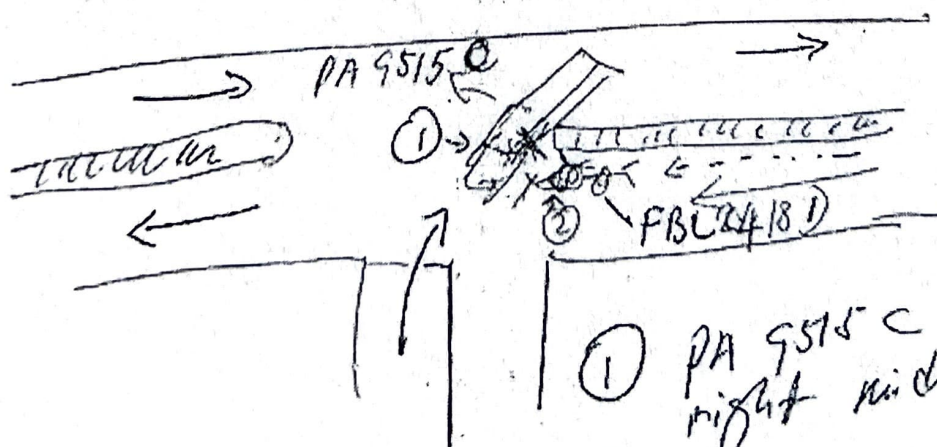
Signature of Policyholder



Signature of Insurer's Representative
Time 20/01/23 1110 hrs

Signature of Witness

Sketch Plan



- ① PA 9515 C on the right middle
- ② FBL 2418 D on the front