ASS. REC. BY: Kenneth | REF: FCZ/23002838/Kg

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 C14A

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: $850

(Client's Record)

Make of Veh: _____

loan

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $28k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 06/25 Person Contacted: _____ Vehicle: IN / OUT

Veh No: PA 9515C Yr Regn: 06, 10

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

Make: Toy (Hiace) c.c 1982

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

Sp.Reading 70869 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFST22P 70 0008481

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 185R15X8

R: _____

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

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 / U/C / Rooftop or

O/S body

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to? _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Fuel: _____

Others: _____

TOTAL: _____

Date/Time, File Return to? _____

Report Format : _____

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

SPARK CAR CARE
ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : OD

Ins Company : MS FIRSTCAPITAL

Excess :

Date of Accident : 19.01.2023

Suggested Days of Repair :

Vehicle No. : PA9515C

Make & Model : TOYOTA HIACE

Year of Manufacture : 2010

Chassis No. : JTFST22P700008481

Engine No. : 1KD2011276

Policy No. :

Time of Accident : 16.55

In-house Vehicle Assessor

Case Owner :

Signature :

Repair Estimates

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		

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

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
Pre-survey B4 repair

Name of Surveyor : Kenneth

Company : LKK

Survey conducted on : 24/3/23 at 9.50 am

Remarks By Surveyor

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

(b) Recommended Days of Repair : 05 day(s)

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

(d) Excess : $ 500/-

(e) Signature of surveyor : Le Date: 24/3/23

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	1					✓
2	SEALANT					$ 80.00	✓
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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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.

Spark Car Care

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

Labour

Vehicle No. : **PA9515C**
Make & Model : **TOYOTA HIACE**
Case Owner : **JOHARI**
Year of Manufacture : **2010**

S/No	Labour Description	Esimated Price	Adjusted Price
1	TO CUT AND WELD LH SIDE CENTER PANEL	$650.00	600
2	TO PUTTY AND SPRAY PAINT LH SIDE CENTER PANEL AND AFFECTED AREA.	$550.00	400
3	TO REMOVE & REINSTALL RH SIDE GLASS , PASSANGER SEAT AND FLOOR PLASTICE , WOODEN PLAYWOOD AND SIDBOARD.	$400.00	180

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	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
tional 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

nufacturer	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

[illegible] Authorised Forms
Information provided must be as [illegible] as possible. Any wilful [illegible] or withholding of material facts may allow [illegible] to [illegible] policy liability.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the [illegible] Police Department for investigation.

This report will be forwarded by the insurers to 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.

5. 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 investigation relating to the claims;

[illegible]

[illegible] disclosure of [illegible] delivery of the cables as well as on the external cover of envelopes/packages [illegible]

(v) complying with [illegible] in administering, processing, handling and/or dealing with my claims

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in the 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.

x Policyholder's Signature | Driver's Signature (if driver is not the policyholder) / Date | Date: 20/01/23 1110 hrs | Received by [illegible] Personnel

MINISTRY OF FOREIGN AFFAIRS * SINGAPORE

Sketch Plan