

ASS. REC. BY:

REF: TH ✓Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: 70A

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 8109K

IDAC Accident Report: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lump Sum: 1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 Comitted for bumper & no plate.Veh No: SMW 33206Yr Regn: 11, 20Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: ToyotaC.C. 1500Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 18051

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR 2BE3BE 000010153Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NI / S/Rim / STD / VRim orTyre Size: F: 225/45R17

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 13/5/23D.O.I. 29/5/2023

Survey held at _____

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

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

) S + RS. \$ _____

) Fuel \$ _____

) Others \$ _____

TOTAL

Report Format :

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

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

205 Braddell Road

Singapore 579701

Tel: 63837613 Fax: 62815767/65462533 Email:

tanpw@cdge.com.sg; kelvinsukwen@cdge.com.sg; oisunpin@cdge.com.sg; joharibh@sparkcarcare.com; kristytay@sparkcarcare.com

INSURER: India International Insurance Pte Ltd (HQ)

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	D20MFL0000326_02	Date of Loss:	13/05/2023
Vehicle Reg. No.:	SMW3320G	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:	TOYOTA COROLLA ALTIS, 1.6 ELEGANCE 2WD (A)	Vehicle Reg. Date:	16/11/2020
Vehicle Colour:	WHITE	Chassis No:	MR2BE3BE000010153
Engine No:	1ZR0F49017		
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5-7 day		

*NOT AUTHORIZED
PENURY B4PAIN*

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

COST OF CLAIMS

	Amount
Parts	4,310.25
Miscellaneous Items	11.00
Labour	1,250.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	5,571.25
+ GST 8.00% (S\$)	445.70
Nett Amount (S\$)	6,016.95

This claim is handled by: OI SUN PIN

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 27 May 2023)

Parts: 143 TOYOTA COROLLA ALTIS 1.6 Elegance 2WD (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SMW3320G/27/05/2023 10:13

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		*FRONT BONNET	25.00	0.00	<i>h</i> *512.00 FL	✓
2	1		*FRONT RADIATOR GRILLE	25.00	0.00	<i>h</i> *246.00 FL	✓
3	1		*FRONT BUMPER LOWER GRILLE	25.00	0.00	<i>cm</i> *431.00 FL	✓
4	1		*FRONT BUMPER LOWER GRILLE BASE	25.00	0.00	*398.00 FL	✓
5	1		*FRONT BUMPER SPONGE	25.00	0.00	*88.00 FL	✓
6	1		*FRONT BUMPER REINFORCEMENT	25.00	0.00	*432.00 FL	✓
7	1		*RH HEADLAMP	25.00	0.00	*1,820.00 FL	✓
8	1		*LH HEADLAMP	25.00	0.00	*1,820.00 FL	✓

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)

5,747.00

- List Item Discount on L Items (\$\$)

1,436.75

Total Parts (\$\$)

4,310.25

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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:

23, 10:15 AM

Repairer Estimates

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	To knock & straighten on accident area, to remove & refit Front damage parts.	New	600.00 <i>400</i>
2	To putty & respray on Front damage area.	New	600.00 <i>440</i>
3	To check wiring & focus headlamp.	New	50.00 <i>20</i>
Gross Labour Cost (S\$)			1,250.00

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< END OF ESTIMATES >

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	15/05/2023 17:10 (SGT)
Reported by	Actual Driver
Date of Accident	13/05/2023 11:45 (SGT)
Exact Location of Accident	1 Kim Seng Promenade, Singapore 237994
Additional Location Information	CARPARK EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW3320G
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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) +65-98350842
Alternative Phone No	(Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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	Private car
Transmission	Auto
CC	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	SAIFU SENGU
Passport No/FIN	FXXXX503Q
Date Of Birth	27/08/1960
Occupation	Outdoor

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
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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.
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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 center 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.

Policyholder's Signature / Date &
Time

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

13/05/2023 1510HRS

Witnessed by Reporting Centre Personnel

DHIYAA

Sketch Plan

A - SMW3320G
B - SLT7617C
GREAT WORLD
CITY CARPARK
EXIT



Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

775H

Vehicle Details

Vehicle No.:

SMW3320G

Vehicle to be Exported:

No

Intended Deregistration Date:

27 May 2023

Vehicle Make:

TOYOTA

Vehicle Model:

COROLLA ALTIS ELEGANCE (AUTO)(2WD)

Primary Colour:

White

Manufacturing Year:

2020

Engine No.:

1ZR0F49017

Chassis No.:

MR2BE3BE000010153

Maximum Power Output:

96.0 kW (128 bhp)

Open Market Value:

\$21,787.00

Original Registration Date:

16 Nov 2020

First Registration Date:

16 Nov 2020

Transfer Count:

0

Actual ARF Paid:

\$22,502.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

15 Nov 2030

PARF Rebate Amount:

\$16,876.00

Intended COE Rebate Details

COE Expiry Date:

15 Nov 2030

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$36,534.00

COE Rebate Amount:

\$27,287.00

Total Rebate Amount:

\$44,163.00

The information contained herein is correct as at 27 May 2023

OK