

ASS. REC. BY:

REF:

TH 1

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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.

Bal. or Market Value:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

: Prell. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

P. Ins

Others

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format :

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

TOTAL

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:	30/05/2023
Vehicle Reg. No.:	SLZ2271S	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:	MAZDA 3, 1.5 (A)	Vehicle Reg. Date:	26/04/2018
Vehicle Colour:	SILVER		
Engine No:	P520486479	Chassis No:	JM6BN22A8J0194335
Odometer:	0 KM		

Paint Type:	
List Item Discount:	20.00 %
Total Loss?	NO
Est. Duration of Repair (day)	8 3 days

*NOT Authorised
Manny Blegain
Ex TBA*

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

COST OF CLAIMS

Amount

Parts	6,770.40
Miscellaneous Items	41.00
Labour	850.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	7,661.40
+ GST 8.00% (S\$)	612.91
Nett Amount (S\$)	8,274.31

This claim is handled by: OI SUN PIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 08 Jun 2023)

Parts: 144 MAZDA 3 1.5 (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: ComfortDelGro Engineering Pte Ltd/SLZ2271S/08/06/2023 16:09

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 BUMPER	20.00	0.00	CM *995.00 FL ✓
2	1		*FRONT BUMPER TOP PANEL	20.00	0.00	n *378.00 FL ?
3	1		*FRONT RADIATOR GRILLE	20.00	0.00	CM *164.00 FL ✓
4	1		*FRONT LH CHROME GARNISH	20.00	0.00	CM *232.00 FL ✓
5	1		*FRONT RH CHROME GARNISH	20.00	0.00	SL *232.00 FL X
6	1		*FRONT LH CHROME GARNISH BRACKET	20.00	0.00	*180.00 FL ?
7	1		*FRONT RH CHROME BRACKET	20.00	0.00	n *180.00 FL X
8	1		*FRONT BUMPER LOWER GRILLE	20.00	0.00	SL *165.00 FL X
9	1		*FRONT NUMBER PLATE BRACKET	20.00	0.00	CM *75.00 FL ✓
10	1		*FRONT GRILLE EMBLEM	20.00	0.00	n *75.00 FL ✓
11	1		*FRONT BUMPER LH FOGLAMP	20.00	0.00	*761.00 FL ?
12	1		*FRONT BUMPER LH FOGLAMP COVER	20.00	0.00	n *28.00 FL X
13	1		*FRONT REINFORCEMENT BAR	20.00	0.00	*577.00 FL ?
14	1		*FRONT REINFORCEMENT BAR COVER	20.00	0.00	*85.00 FL ?
15	1		*LH LED HEADLAMP	20.00	0.00	*4,336.00 FL ?

F=Franchise part. L=ListItemDisc.

Sub Total (\$)	8,463.00
- List Item Discount on L Items (\$)	1,692.60
Total Parts (\$)	6,770.40

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Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1	1	FRONT BUMPER CLIPS		
2	1	OD/TP Case (Insurer)		
			Sub Total (\$\$)	41.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1	To knock & straighten on accident area, to remove & refit Front damage parts.	New	400.00	2501
2	To putty & respray on Front damage area.	New	400.00	3001
3	To check wiring, focus headlamp.	New	50.00	201
			<hr/>	
			Gross Labour Cost (\$\$)	850.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Company

775H

SLZ2271S

No

06 Jun 2023

MAZDA

MAZDA3 SEDAN 1.5 AT LED EU6

Silver

2017

P520486479

JM6BN22A8J0194335

88.0 kW (118 bhp)

\$18,701.00

26 Apr 2018

26 Apr 2018

0

\$18,701.00

Yes

25 Apr 2028

\$13,090.00

25 Apr 2028

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

10

\$36,890.00

\$18,024.00

\$31,114.00

The information contained herein is correct as at 06 Jun 2023

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 31/05/2023 09:14 (SGT)
Reported by Actual Driver
Date of Accident 30/05/2023 05:45 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information TOWARD JURONG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ2271S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORTDELGRO RENT A CAR PTE LTD
Company Reg No 1XXXXX775H
Email Address fleetsafety@cdgtaxi.com.sg
Mobile Phone No (Phone) +65-97162760
Alternative Phone No (Office) +65-81337662

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

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

DRIVER

Name of Driver MOHAMED ISMAIL JAMAL MOHAMED
Passport No/FIN GXXXXX975X
Date Of Birth 03/05/1975
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.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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 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.



FLASH ACCIDENT
REPORTING OFFICER
FRO MING



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

30/05/2023-2140HRS

