A - march	SSIGNMENT
From: Date:	Veh No: SUS 1227P Yr Regn: 09, 17
Estimated Cost: OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Type: McCar M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To inspect Vehicle No:	Make: To 1598
at Workshop m/s Cam Pe/	Colour M. Pihr AC: Insured / Std / NI / NA
of	Sp.Reading /3/67/ T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: MRUS3REH & 0 4571326
Claims No.	Gen. Cohd: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingreder Jammed / Leaked J. Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 195/65R15
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO I YOKO or Davanti
Bal, or Market Value:	Front O Rear O
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm 'R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. / mm L/Bal. / mm
Est. Repairs: O days Res.: Yes or No	D.O.A. 27/6/23 D.O.I. 18/7/202
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages Frt   Rear   O/S   N/S   U/C   Rooftop or
· Vehicle: IN/O	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
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	and the second distribution of the second distribution is a second or the second or th
to/Time, File Pass to? : Prelii. Report	Days Of Repair:
	Days Of Repair:  Resurvey No. of Trip: Survey Fee:
: Final Report	
: Final Report	Resurvey No. of Trip: Survey Fee:
	Resurvey No. of Trip:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  S + RS. Si
: Final Report	Resurvey No. of Trip:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  Site Insp (\$ ) _ \$ + RS \$I  Interview (\$ ) _ \$ - RS \$I
: Final Report	Resurvey No. of Trip:  Survey Fee:  Transportation:  See:: Site insp (\$



ComfortDelGra Engineering

Our Ref:

## 205 Braddell Road S(579701) <u>ACCIDENT REPAIR ESTIMATES</u>

T		Vehicle No.	: SLS1227P
Type of Claim :	TP	Make & Model	: TOYOTA COROLLA ALTIS
		Year of Manufacture	: 2017
		Chassis No.	1 1-1 mg
Ins Company : CHINA	TAIPING INSURANCE	Engine No.	
Excess :	and the second s	Policy No.	
Date of Accident :	27/06/2023	Time of Accident	
Suggested Days of Repair:		In-house Vehicle Asses	ssor
Repair Estimates		Case Owner	
Parts (a) Cost / List Price Item	ns <b>\$ 5,644.00</b>	Signature	
Plus/Less 25%	\$ 1,411.00	Contact No Operation	
Total of Cost / List	\$ 4,233.00	KELVIN SU TEL: 9786 4236	
		E: kelvinsukwen@cdge.co	om.sg
(b) Nett Price Items	<u> </u>	JOHARI	
Less	-	TEL: 972103705 E: joharibh@sparkcarcare	Not 1-1.
Total of Nett Item	1		Tomesty
(c) Special Nett Items	\$ 95.00	SUN PIN TEL: 9728 8916	1/ hy 8
Total Parts Cost (Appendix A	\$ 4,328.00	E: oisunpin@cdge.com.s	Wor Nor Norheiter When & Plany & After Lain,
abour (Appendix B)	\$ 1,280.00		
otal Repair Cost	\$ 5,608.00		
The above total will be subjecte	d to 8% G.S.T.		
Name of Surveyor		Kenner	26
Company		LKK	
Survey conducted on	:	8/7/23 at	
Remarks By Surveyor			
(a) The repair of this vehicle	is authorized / is not a	uthorized until further notic	ce.
(b) Recommended Days of R		<b>⊘</b> ∕⁄day(s)	
(c) Resurvey	: Required / N	pate in the first of the second	
(d) Excess	:\$	0	
(e) Signature of surveyor	:	Date	:: <u>18/7/23</u>

### **Spark Car Care**

## ComfortDelGro Engineering Pte Ltd 205 Braddell Road S (579701)

Tel: 63837168 / 63837466 Fax:62815767

### Spare Parts

Vehicle No	: SLS1227P	Case Owner	: <u>0</u>
Make & Model	: TOYOTA COROLLA ALTIS	Year Manufacture	: <u>2017</u>
Chassis No	: <u>0</u>	Engine No	: <u>0</u>
Sales Order		Supplier	
Order By		Type of Claim	: <u>TP</u>

S/No	Tall Description	QTY	Cost Price	illering V	List Price	Nett Price		S/N	Disposition By Surveyor
1	FRONT BONNET	1	Ry	\$	1,597.00			9,	V
2	FRONT CHROME GRILLE ASSY	1	WI	\$	904.00			149	
3	LH HEADLAMP	1	m	\$	1,101.00	4,		16	<u></u>
	RH HEADLAMP	1	W	\$	1,101.00		110		
	FRONT BUMPER	1	BuilAu	\$	725.00	of the specific accounts	-2/479 (2/1)	todo. II	-
6	FRONT LOWER GRILLE	1	and the state of the	\$	216.00		9375 E.	Yangista and Jan	Sept 10 Sept 10
	FRONT BUMPER CLIPS	1		YET WE		Na	\$	50.00	
8	FRONT NUMBER PLATE	1	To aprily or a	e did	er de la companya de	R	\$	45.00	V
9		E sage in	Mary San Carl	4	tion of the second	Total		year of the Land	
10		A Company		sq tu		The second second		A Commence of the Commence of	Call
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ote: If any of the quoted parts are recommended to be repaired, then an additional labour charge ill 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.	:	SLS1227P	Case Owner	:	0	1
Make & Model	:	<b>FOYOTA COROLLA ALTIS</b>	Year of Manufacture		2017	

S/No	Labour Descrip	tion	Esim Pri	- 12-57 La	Adjusted Price
	To knock & straighten on accident area, to reparts.	emove & refit FRONT damage	\$60	0.00	4001
			19 mar 19 m	1.00	
-	To putty & respray on FRONT damage area.		\$60	0.00	4001
	To check wiring & focus headlamp.		\$80	0.00	201
			W V		
				l and	S. Maria
	Manage of the state of the stat		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	10000	Milanda Salara da Sa
		KK Auto Consultants hence notify Repairer of the following:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
$\perp$	•	To resurvey before/after spray painting		190	
		To display damaged part(s) during resurvey Parts prices are subject to confirmation			
	•	Third party survey is on a "Without Prejudice" ba	sis		
		No illegal modification(s) is allowed		N. Committee	
		Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Com	pany		
	A	cknowledged by Repairer			
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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

- Please report <u>correctly</u> the details of the accident to speed up the claims process. 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	and the same of th	27/06/2023 16:31 (SGT)
Reported by		Actual Driver

Date of Accident 27/06/2023 09:50 (SGT) Exact Location of Accident Jln Tembusu, Singapore

Additional Location Information

Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLS1227P
Torrido Hogica adoli Hallibol	 OLO IZZ/F

#### 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

(Phone) +65-94874498 Mobile Phone No (Office) +65-81337662 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
- title title to the second at time of	

Exact purpose for which vehicle was being used at time of Private use accident .....

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission .....

No - Claiming third party Private car

A TO THE RESERVE TO T

Auto 1598

#### **INSURANCE COMPANY**

India International Insurance Pte Ltd Name of Insurance Company ..... D20MFL0000326\_02 Policy Number / Cover Note Number

#### DRIVER

ANG YEOW KOON Name of Driver SXXXX606E **NRIC No** 09/06/1973 Date Of Birth Outdoor Occupation

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

lunderstand, 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.
- 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

27062023-1325hrs

