

ASS. REC. BY:

REF: CS/MSG20002686/KS f3

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Jasmine Lok Chung Kwaiof MS19Date/Time: 17.2.2020 16.47pm

Estimated Cost:

Bill to:

OD (TP) / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SHC 70954

Insured:

SMP 40945at Workshop m/s Bifrost

Tel:

96412187of BK 9 Sector C #101-42 sm mingPolicy No: 71691662

Claim No:

619460

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

10.2.2020

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 17/2/2020 5.10p.m

Person Contacted:

Ms LimVehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 70954 - CS/THI 1300 4804 RLVH D.O.A - 11/03/2012SMP 40945 - X19/02/20 @ 18:27 pm revised RA to Jasmine Lok v.s. minor.

Est. Repairs:

3-4 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

D.O.A. 10/2/20

D.O.I.

18/2/20

Survey held at

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

N/S R/T

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

Date / Time

Action / Instruction

18/6L1 Pys @ 6500 Carbond

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

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. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L&L: (\$

BY:

REF: MSLG

ASSIGNMENT

From: _____ Date: 18.2.2020

Estimated Cost: _____

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

To Inspect Vehicle No: SHC 7095 U

at Workshop m/s Bifrost

of BIK 9 sector C #01-42 Bin ming

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 3-4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

npv

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 7095 U Yr Regn: 03, 16

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

Truck / Trailer or

Make: Honda i 90 c.c. 1685

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

Sp. Reading: 417608 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMGU 085495

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 10/2/20

Survey held at

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 18/2/20

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

N/S 151

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

Date / Time Action / Instruction

18/6 11 Pm @ 6500 confirmed
(\$ 12,945.76/RED - 67%)

Date/Time, File Pass to?

29/06/20

1) TYPIST

Date/Time, File Return to?

2)

Report Format:

Lump Sum L/S: (\$ 6,500.00 L/S)

☐ : Preli. Report☒ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 12-Feb-20

MODEL: HYUNDAI I40

VEHICLE NO.: SHC7095U

INSURANCE: MSIG

Returning After

20/2/2020 U/Rng 87

3-4 days

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BONNET	1	\$2,265.90	\$2,265.90
BONNET HINGE (LH)	1	\$82.00	\$82.00
BONNET INSULATOR CLIPS	1	\$15.00	\$15.00
FRONT BUMPER COVER	1	\$1,052.20	\$1,052.20
FRONT BUMPER GRILLE (LH)	1	\$49.20	\$49.20
FRONT BUMPER BRACKET TOP (LH)	1	\$44.80	\$44.80
FRONT BUMPER BRACKET (LH)	1	\$49.20	\$49.20
FRONT BUMPER SIDE BRACKET	1	\$4.60	\$4.60
FRONT BUMPER RETAINER MOUNTING	1	\$8.00	\$8.00
FRONT BUMPER GRILLE AIR DUCT	1	\$26.20	\$26.20
HEADLAMP SUPPORT PANEL ASSY ✓ CRA	1	\$907.40	\$907.40
HEADLAMP (LH)	1	\$2,776.00	\$2,776.00
HEADLAMP SUPPORT TOP COVER	1	\$222.60	\$222.60
FRONT FENDER (LH)	1	\$566.30	\$566.30
FRONT FENDER SHIELD (LH)	1	\$174.90	\$174.90
FRONT FENDER MUDFLAP (LH)	1	\$13.50	\$13.50
FRONT FENDER RETAINER	1	\$3.00	\$3.00
FRONT DOOR MIRROR SIDE GARNISH	1	\$225.00	\$225.00
FRONT DOOR (LH)	1	\$2,256.40	\$2,256.40
FRONT DOOR HINGE UPPER (LH)	1	\$44.50	\$44.50
FRONT DOOR HINGE LOWER (LH)	1	\$44.50	\$44.50
FRONT DOOR CHECK (LH)	1	\$91.80	\$91.80
FRONT DOOR MIRROR (LH)	1	\$670.00	\$670.00
FRONT WHEEL RIM (LH)	1	\$650.60	\$650.60
FRONT WHEEL HUB CAP (LH)	1	\$214.20	\$214.20
FRONT WHEEL NUT	1	\$5.70	\$5.70
FRONT WHEEL BEARING	1	\$301.80	\$301.80
FRONT WHEEL HUB ASSY	1	\$153.60	\$153.60
FRONT SHOCK ABSORBER ASSY (LH)	1	\$217.60	\$217.60
FRONT SHOCK ABSORBER MOUNTING (LH)	1	\$217.60	\$217.60
FRONT DRIVE SHAFT	1	\$2,061.60	\$2,061.60
RACK & PINION ASSY	1	\$1,820.00	\$1,820.00
STG TIE ROD	1	\$135.00	\$135.00
STG TIE END	1	\$125.20	\$125.20
STG BALL JOINT	1	\$73.10	\$73.10
STABILIZER BAR	1	\$252.30	\$252.30
STABILIZER BAR BUSH	1	\$16.40	\$16.40
STABILIZER BAR LINK	1	\$68.10	\$68.10
STABILIZER BRACKET	1	\$24.00	\$24.00
FRONT SUSPENSION LOWER ARM (LH)	1	\$595.90	\$595.90
KNUCKLE ARM (LH)	1	\$1,104.00	\$1,104.00
SUB TOTAL			\$19,629.70

10%					\$3,925.94	
ACCOUNTED TOTAL					\$15,703.76	
FRONT DOOR COLOURED COMFORT LOGO	SN	1	nn	\$66.00	\$66.00	X
FRONT DOOR ADVERTISEMENT LOGO	SN	1	nn	\$100.00	\$100.00	X
FRONT TYRE (LH/RH)	SN	1		\$216.00	\$216.00	X
FRONT FENDER ADVERTISEMENT LOGO	SN	1	nn	\$100.00	\$100.00	600
SUB TOTAL					\$482.00	
Labour Charge						
Panel Beating		1		\$1,200.00	\$1,200.00	500
Spray Painting Charge		1		\$1,000.00	\$1,000.00	650
Wiring Charge		1		\$120.00	\$120.00	200
Tuff Kote		1		\$150.00	\$150.00	300
Towing Charge (Bill)		1		\$50.00	\$50.00	✓
Remove/Refix Undercarriage (Frt)		1		\$400.00	\$400.00	200
Front/Four Wheel Alignment		1		\$120.00	\$120.00	600
Remove/Refix Radiator		1	nn	\$90.00	\$90.00	X
Remove/Refix Aircon & Refill Gas		1	nn	\$130.00	\$130.00	X
TOTAL LABOUR					\$3,260.00	
ESTIMATE TOTAL					19445.76	

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 Police for investigation.
- 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.
- 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 Report	11/02/2020 10:58
Date Of Accident	10/02/2020 14:20
Exact Location Of Accident	AYE TWDS TUAS NEAR CLEMENTI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7095U
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	PHANG BOON SAN
NRIC No	SXXXX185C
Date Of Birth	30/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1979
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96691643
Fax Number	
Contact Number	
EMail Address	SUNNYPHANG830@GMAIL.COM

BLK 68 GEYLANG BAHRU

#15-3221

330068

Driver an employee of the Insured's Company NO
No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 3
Passenger 1 NAME: : -
GENDER: : MALE
Passenger 2 NAME: : -
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: -
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMF4094S
Vehicle Make/Model/Colour KIA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TAN BANG YANG JOSEPH
NRIC/Passport Number
Contact Number 97574947
Address

A - SHC 7095U
B - SMF 4094S

Along AYE TWDS Tuas Near Clementi Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10.02.2020 @ 14:20 hours I was travelling along AYE TWDS Tuas Near Clementi exit
with Two Male Passenger onboard .
While travelling straight , suddenly veh B (SMF 4094S) cut into my lane and collided into
my taxi A - Front Left Portion .
As it took place too fast I could not take evasive action to prevent .
No injury in this accident .
I have company video and photos at scene to support my claims .
Veh B (SMF 4094S) - Mr Tan Bang Yang , Joseph H/P : 9757 4947

DECLARATION

I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10.02.2020
@ 17:00 hrs

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GUARDIAN SketchPlanForm_V3