

REF: CS/MSG 20103034/DCS
 ASS. REC. BY: Enyay
 Surveyor: Katherine Wong of MSG Date/Time: 24/2/2020 10:01 AM
 From (Person): Katherine Wong Bill to:
 Estimated Cost:
 OD (TP / WS / TP RES / OD RES / EVA / INV / MV / CS) Insured: SLX 9783X
 To Inspect Vehicle No: SHA 21356 Tel: 97921329
 at Workshop no: BIPPS
 of BIC 9 501-42
 Policy No: 80467461 QM Claim No: 620139
 Sum Insured: Excess:
 Make of Veh: MSL D.O.A. 17/21/2020
 (Client's Record)
 CA / REV / REP. / REV 24 HRS MSL H.O.D. Endorsement:
 Date/Time: 24/2/2020 10:01 AM Person Contacted: MSL Vehicle: IN/OUT

Date/Time	Action/Instruction
	(✓) Estimate
	SHA 21356 - NA/ ASG M01185W hu D.O.A. - 21/06/2019
	SLX 9783X - X

02/03/20 @ 15:50 pm revised PA to Katherine Wong w/ min.

Est. Repairs: 676 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. 17/02/2020 D.O.T. 25/02/2020
 Survey held at Bifrost Sin Ning
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Roottop or
0/3 Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MSG SLX 9783X
15/06/2020	pmw 2/5 4500/- with 6 days of repair C# 13,501.16 Red - 75%

Date/Time, File Pass to? 15/6/20 ☐ : Preli. Report
 1) 14/6/20 ☒ : Final Report
 Date/Time, File Return to?
 2)
 Days Of Repair: 6
 Resurvey No. of Trip: 2
 Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Invs (\$) ☐ : Weekend (\$)
 Survey Fee:
 Transportation: \$ + RS \$
 Photos
 Others
 TOTAL

Rep. Format:
 Lump Sum / L.P.: \$4,500/- 4S

ASS. REC. BY:

REF:

ASSIGNMENT

COE Nov 2024

Nov, 2016

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: _____

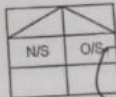
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

Consistent? : Yes or No

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Res.: Yes or No

Est. Repairs: 676 days

3 Val.: Yes or No

Lum Sum: _____

20 %

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 2135G Yr Regn: Nov, 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Tan Prime Mover /

Truck / Trailer or

Make: Hyundai I40 CC: 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 332845 T/Radio: Insured / Std / NI / NAEng/No: D4FDGU690493C/No: KMHLEB41UMH4096560Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16R: 11

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

TOYO / YOKO or Duraturu

Front

R/Bal. 5 mm

Rear

R/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 17/02/2020D.O.I. 25/02/2020Survey held at Bifrost Sin Ning

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

013 Rev

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MSIG SLX 9783X

15/06/2020 pmw 1/5 4500/- with 6 days of repair
C# 13,501.16 Red - 75%

Date/Time, File Pass to?

☐ : Preli. Report1) 15/09/20☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 6Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

Rep. Format:

Lump Sum / L&L: \$4,500/- 45

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 25-Feb-20

INSURANCE: MSIG

MODEL: HYUNDAI I40

VEHICLE NO.: SHA2135G

DESCRIPTION	QTY	LIST PRICE	AMOUNT
REAR BUMPER <i>harker</i> <i>553.00</i>	1	\$1,186.00	\$1,186.00
REAR BUMPER CLIP <i>harker</i>	1	\$19.00	\$19.00
REAR BUMPER REFLECTOR LAMP (I40) <i>NH</i>	1	\$32.00	\$32.00
TAIL LAMP (RH) <i>CNA</i>	1	\$697.80	\$697.80
TAIL LAMP QUARTER PANEL (RH) <i>NH</i>	1	\$453.00	\$453.00
REAR PANEL <i>NH</i>	1	\$526.70	\$526.70
ROCKER PANEL OUTER GARNISH <i>NH</i>	1	\$403.00	\$403.00
REAR FENDER WITH HOUSING (RH) <i>Danta</i> <i>1010.00</i> <i>SN</i>	1	\$4,736.80	\$4,736.80
REAR FENDER AIR-DUCT <i>NH</i>	1	\$51.60	\$51.60
REAR FENDER MUDFLAP (RH) <i>NH</i>	1	\$13.50	\$13.50
REAR WINDSCREEN MOULDING <i>NH</i>	1	\$51.80	\$51.80
REAR DOOR (RH) <i>NH</i>	1	\$2,201.10	\$2,201.10
REAR DOOR RUBBER (RH) <i>NH</i>	1	\$105.40	\$105.40
REAR DOOR LOCK ASSY <i>NH</i>	1	\$268.20	\$268.20
REAR TYRE (RH) <i>NH</i>	1	\$650.60	\$650.60
REAR TYRE RIM (RH) <i>NH</i>	1	\$214.20	\$214.20
REAR TYRE WHEEL CAP <i>CNA</i>	1	\$724.00	\$724.00
REAR WHEEL BEARING ING & HUB <i>2 Dom</i> <i>401.40</i>	1	\$384.00	\$384.00
REAR TRAILING ARM (RH) <i>2 distnd</i> <i>192.00</i>	1	\$219.40	\$219.40
REAR ASSIST (RH) <i>2 distnd</i> <i>145.70</i>	1	\$552.60	\$552.60
REAR SHOCK ABSORBER (RH) <i>2 distnd</i> <i>276.30</i>	1	\$162.60	\$162.60
REAR SHOCK ABSORBER MOUNTING (RH) <i>NH</i>	1	\$1,021.50	\$1,021.50
REAR CROSS MEMBER <i>NH</i>	1	\$199.60	\$199.60
STABILIZER BAR <i>NH</i>	1	\$85.90	\$85.90
STABILIZER LINK <i>NH</i>	1	\$335.75	\$335.75
REAR UPPER ARM (RH) <i>2 distnd</i>	1	\$353.80	\$353.80
REAR LOWER ARM (RH) <i>2 distnd</i>	1	\$545.60	\$545.60
REAR KNUCKLE ARM (RH) <i>2 distnd</i>			\$16,331.45
SUB TOTAL			\$3,266.29
LESS 20%			\$13,065.16
DISCOUNTED TOTAL			
Rear Door Comfortdelgro & Apps Sticker(RH) <i>NH</i> SN	1	\$ 80.00	\$ 80.00
REAR DOOR ADVERTISEMENT LOGO (RH) <i>NH</i> S SN	1	\$100.00	\$100.00
REAR WINDSCREEN SEALANT <i>NH</i> SN	1	\$46.00	\$46.00
REAR FENDER COMFORT STICKER (RH) <i>NH</i> SN	1	\$10.00	\$10.00
REAR FENDER COMFORT STICKER (RH) <i>NH</i> SN	100		\$236.00
Advertisements			
SUB TOTAL			
Labour Charge			
Panel Beating	500		
Spray Painting Charge			

Wiring Charge	1	\$120.00	\$120.00	30/-
Tuff Kote	1	\$180.00	\$180.00	40/-
Towing Charge	1	\$50.00	\$50.00	11/-
Remove/Refix Cushion & Upholstery Rear	1	\$150.00	\$150.00	80/-
Remove/Refix Rear Windscreen Glass	1	\$120.00	\$120.00	80/-
Remove/Refix Reverse Sensor	1	\$120.00	\$120.00	40/-
Remove/Refix Undercarriage (RR)	1	\$400.00	\$400.00	150/-
Remove/Refix Fuel Tank	1	\$80.00	\$80.00	11/-
Remove/Refix Exhaust Pipe	1	\$80.00	\$80.00	11/-
Transfer of Door Mechanism	1	\$80.00	\$80.00	11/-
Front/Four Wheel Alignment	1	\$120.00	\$120.00	60/-
			\$4,700.00	
TOTAL LABOUR				
			\$18,001.16	

ESTIMATE TOTAL

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.

25/02/2020 e 1703hrs

NA Andrew

1/Sum 6 days.

21 Mar

LKK Auto

5679.40

1/5 4500/-

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:

U0120006646/Dsj³

07E July 2021

Phone Number:
Fax Number:

Date: 26/2/2020 4:25 PM - 26/2/2020 4:31
VIN
Technician:
Order NO:

Customer:
Company:
License NO: SHA2135G
Odometer:

VEHICLE ALIGNMENT REPORT
HYUNDAI, i40 G 1.6 GDI, 11-11 (Customized)

Primary Angles			Initial	Specifications		Final	
				Min.	Max.		
Front	Caster	Left	4°35'	4°12'	5°12'	4°41'	
		Right	4°17'	4°12'	5°12'	4°26'	
	Camber	Left	-0°46'	-1°00'	0°00'	-0°42'	
		Right	-0°18'	-1°00'	0°00'	-0°18'	
	Toe	Left	-0°08'	0°00'	0°12'	-0°03'	
		Right	0°17'	0°00'	0°12'	0°13'	
		Total	0°09'	0°00'	0°24'	0°10'	
Rear	Camber	Left	-1°05'	-1°30'	-0°30'	-1°02'	
		Right	-2°47'	-1°30'	-0°30'	-2°47'	
	Toe	Left	-0°02'	-0°03'	0°09'	-0°02'	
		Right	-0°10'	-0°03'	0°09'	-0°11'	
			Total	-0°13'	-0°06'	0°18'	-0°13'
	Thrust Angle		-0°04'	99°59'		-0°04'	
Secondary Angles			Initial	Specifications		Final	
				Min.	Max.		
SAI	Left	8°55'	13°18'	14°18'	8°55'		
	Right	8°03'	13°18'	14°18'	8°03'		
Included Angle	Left	8°09'	99°59'	99°59'	8°13'		
	Right	7°45'	99°59'	99°59'	7°45'		
Toe Out On Turns	Left	----	99°59'	99°59'	----		
	Right	----	99°59'	99°59'	----		
Max Turn Inside	Left	----	99°59'	99°59'	----		
	Right	----	99°59'	99°59'	----		
Toe Curve Change	Left	----	0°00'	199°59'	----		
	Right	----	0°00'	199°59'	----		
Setback	Front	-0.12"	99.99"	99.99"	-0.12"		
	Rear	-0.22"	99.99"	99.99"	-0.22"		
Track Width Diff.		-0.27"			-0.27"		
Wheel Base Diff.		0.10"			0.10"		
Front Ride Height	Left	----	99.99"	99.99"	----		
	Right	----	99.99"	99.99"	----		
Rear Ride Height	Left	----	99.99"	99.99"	----		
	Right	----	99.99"	99.99"	----		
Frame Angle							

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Ref/Ref	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Est Auth'd	Status
Main	19 Feb 2020		24 Feb 2020 10:01 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	Mohammed Ezfaarghaan Bin Othman, ID: 58004958G		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHA2135G	Date of Loss:	17/02/2020 08:00 - :59 [38 Months and 24 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 620139	Policy/Cover Note No.:	80467466QMX (Comprehensive) Coverage: 25/02/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLX9783X	Policy No. (Claimant):	
Excess:			
Repairer:	Bifrost Auto Pte Ltd (sin Ming) (HQ) Blk 9 Sector C, #01-42 Sin Ming Industrial Estate, 575644 Sin Ming - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Katherine Wong - 6594 2544]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 25/02/2020]		
Adj Asp. Remarks:	on WP. Liab: unclear. Agree on SJE. Assign: LKK Auto Consultants Pte Ltd. Contact: Ms Lee @ 9792 1329.		

ASSOCIATED MAIL RECEIVED

View All Compose Case Mail

There are no mail for this case.

ALL ASSOCIATED TASKS

View All Search Tasks Create New Task Complete

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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 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. 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 Report 17/02/2020 10:52
Date Of Accident 17/02/2020 07:50
Exact Location Of Accident JALAN BESAR
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA2135G
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 1XXXXX821R
Email Address FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No OFFICE-65508768
Alternative Phone No

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
TAXI

Vehicle Category

Insurance Company

Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number MCOM0015
Cover Note Number

Driver

Name of Driver CHUA TIAN CHYE
NRIC No SXXXX140E
Date Of Birth 25/12/1964
Occupation OUTDOOR
Date Of Driving Pass 04/04/1985
Driving Experience 34 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-84210845
Fax Number
Contact Number CHUA2CALL@GMAIL.COM
EMail Address

Address BLK 136 PASIR RIS STREET 11
Postcode 803-225
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident
Type Of Accident COLLISION - HEAD TO REAR
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 4
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) 2
Passenger 1 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 SLX9783X
Vehicle Make/Model/Colour
Details Of Properties PRIVATE CAR
Vehicle Category AMEN
Name of Driver
NRIC/Passport Number 91749138
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage
No. Of Passenger (Including Driver)

OVERALL BODY WORK

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SLA8581P

PRIVATE CAR
UNKNOWN

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SBS21R

BUS
UNKNOWN

UNSURE

SKETCH PLAN

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 Authorised 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. 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 centre 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 the 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

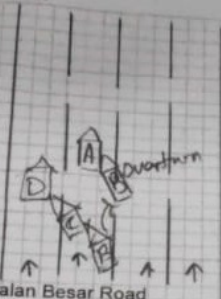
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17.02.2020
@ 10:30 hrs

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

SKETCH PLAN



A - SHA 2135G
B - SLX 9783X
C - SLA 8581P
D - S65 21R

Along Jalan Besar Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17.02.2020 at about 07:50 hours I was travelling along Jalan Besar Road on with One

Male Passneger onboard .

While I was about to move , suddenly veh B (SLX 9783X) car flipped and hit on my taxi A -

Right Rear 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 (SLX 9783X) - Male Driver

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17.02.2020

@ 10:30 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: