

22/03/2002

ASS. REC. BY:

Survey Bryan

REF: CS/GAI 20003093/Dy d3

Special Instruction:

ASSIGNMENT (Office)

From (Person): Sheng wong

of

GAI

Date/Time: 24/2/2002 @ 4:34 pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 647J

Insured:

YP9840C

at Workshop m/s

Bifrost Auto

Tel:

9792 1329

of

Blk 9 sector C #01-42 Sin Ming Ind. Est.

Policy No:

Claim No: CLMOMVC 000003807

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 14/02/2000

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time: 4:41 pm @ 24/2/2002

Person Contacted:

Ms Lim

Vehicle IN OUT

Date/Time

Action/Instruction

Ishtimol

SHA 647J - Cc4/ASM18019 130/K1hb3q2

DOA: 20/10/2018

YP9840C - X

ASS. REC. BY:

REF:

## ASSIGNMENT

COE Jan 2025

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. \_\_\_\_\_

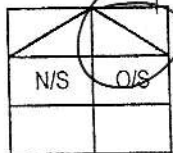
Claims No. \_\_\_\_\_

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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHA 647 J Yr Regn: 2017 Jan

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 476084 T/Radio: Insured / Std / NI / NAEng/No: D4FDGU706877C/No: KMHLB41UMH\*U098298

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: 205/60 R16R: — 11 —

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

TOYO / YOKO or HankookFront S mm Rear S mmR/Bal. S mm L/Bal. S mmL/Bal. S mm D.O.A. 14/02/2020 D.O.I. 24/02/2020Survey held at B. Frost Sun Ming

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

O/S Front

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

Date / Time	Action / Instruction
10/3	Budget Direct YP 9840 C Grant American. Sent Preli by email
08/04/2020	Invoice 1/5 9800/- with 8 days of work. (Red \$20,474-64, 67%)

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2)

14/4/20 Typist

Rep. Format:

Lump Sum \$9800/-Days Of Repair: 8Resurvey No. of Trip: 3

Add Fee:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

## 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 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. 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 15:39
Date Of Accident	14/02/2020 13:15
Exact Location Of Accident	STAR VISTA T JUNCTION VISTA EXCHANGE GREEN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA647J
<b>Insured/Policyholder</b>	
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	CHANG CHIN WOH
Work Permit No	SXXXX324E
Date Of Birth	06/02/1956
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1976
Driving Experience	44 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97397556
Fax Number	
Contact Number	
EMail Address	ROOSLYNN51@YAHOO.COM.SG

Address	BLK 43 JALAN TIGA #17-24
Postcode	390043
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	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?	YES
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)	1

#### 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

PLS REFER TO 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	YP9840C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUN FUZHOU
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	GREAT AMERICAN INSURANCE COMPANY
Nature Of Damage	LEFT CENTRE
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHANG CHIN WOH
Approximate Age	64
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SHA647J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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 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.

**CITYCAB PTE LTD**  
**CO. REG. NO. 199502839G**

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14.02.2020  
@ 16:30 hrs

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

A - SHA 647J  
B - YP 9840C

Along Star Vista T Junction Vista Exchange Green

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Green with no passenger onboard .

( YP 9840C ) cut into my lane and collided into my taxi A - Front Right Portion .

I have company video and photos at scene to support my claims .

Veh B ( YP 9840C) - Mr Sun FuZhou

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

GIAPHAC SketchPlatform\_V3

Phone Number:

Fax Number:

Customer:		Date: 25/2/2020 10:48 AM - 25/2/2020
Company:		VIN
License NO: SHA647J		Technician:
Odometer:		Order NO:

**VEHICLE ALIGNMENT REPORT**

HYUNDAI, i40 G 1.6 GDI, 11-11 (Customized)

Primary Angles			Initial	Specifications Min.                      Max.		Final
Front	Caster	Left	4°39'	4°12'	5°12'	4°46'
		Right	4°34'	4°12'	5°12'	4°40'
	Camber	Left	-0°55'	-1°00'	0°00'	-0°50'
		Right	-0°35'	-1°00'	0°00'	-0°36'
	Toe	Left	0°25'	0°00'	0°12'	-0°14'
		Right	0°41'	0°00'	0°12'	1°20'
Total		1°06'	0°00'	0°24'	1°06'	
Rear	Camber	Left	-3°34'	-1°30'	-0°30'	-3°31'
		Right	-1°42'	-1°30'	-0°30'	-1°41'
	Toe	Left	0°11'	-0°03'	0°09'	0°11'
		Right	-0°01'	-0°03'	0°09'	-0°01'
		Total	0°11'	-0°06'	0°18'	0°11'
	Thrust Angle		-0°06'	99°59'		-0°06'
Secondary Angles			Initial	Specifications Min.                      Max.		Final
SAI		Left	9°55'	13°18'	14°18'	9°55'
		Right	10°26'	13°18'	14°18'	10°26'
Included Angle		Left	9°01'	99°59'	99°59'	9°06'
		Right	9°50'	99°59'	99°59'	9°50'
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	-0.11"	99.99"	99.99"	-0.11"
		Rear	-0.27"	99.99"	99.99"	-0.27"
Track Width Diff.			-0.20"			-0.20"
Wheel Base Diff.			0.15"			0.15"
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						----

# BIFROST AUTO PTE LTD

## REPAIR ESTIMATE

DATE: 18-Feb-20

MODEL: HYUNDAI I40

VEHICLE NO.: SHA647J

INSURANCE:

Great American

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BONNET <del>NH</del> <i>St</i>	1	\$2,265.90	\$2,265.90
BONNET RUBBER (LH) <i>NH</i>	1	\$15.70	\$15.70
BONNET RUBBER (RH) <i>NH</i>	1	\$6.20	\$6.20
BONNET HINGE (LH/RH) <i>NH</i>	2	\$82.00	\$164.00
BONNET LOCK <i>NH</i>	1	\$42.40	\$42.40
BONNET ABSORBER (LH ONLY) <i>NH</i>	1	\$61.60	\$61.60
BONNET SEAL <i>NH</i>	1	\$31.90	\$31.90
BONNET INSULATOR CLIPS <i>NH</i>	1	\$7.00	\$7.00
RADIATOR GRILLE H EMBLEM <i>NH</i>	1	\$39.50	\$39.50
RADIATOR GRILLE <i>mondy crack</i>	1	\$1,480.00	\$1,480.00
FRONT BUMPER COVER <i>distorted mondy crack</i>	1	\$1,052.20	\$1,052.20
FRONT BUMPER SPONGE <i>NH</i>	1	\$99.20	\$99.20
FRONT BUMPER REINFORCEMENT <i>NH</i>	1	\$438.40	\$438.40
FRONT BUMPER GRILLE (LH/RH) <i>NH</i>	2	\$49.20	\$98.40
FRONT BUMPER BRACKET TOP (LH/RH) <i>NH</i>	2	\$44.80	\$89.60
FRONT BUMPER CENTRE GRILLE TOP GARNISH (I40) <i>NH</i>	1	\$32.00	\$32.00
FRONT BUMPER BRACKET (LH/RH) <i>o/s broken n/s NH</i>	2	\$49.20	\$98.40
FRONT BUMPER SIDE BRACKET <i>NH</i>	2	\$4.60	\$9.20
FRONT BUMPER RETAINER MOUNTING <i>NH</i>	2	\$8.00	\$16.00
FRONT BUMPER GRILLE AIR DUCT <i>NH</i>	2	\$26.20	\$52.40
HEADLAMP SUPPORT PANEL ASSY <i>broken</i>	1	\$907.40	\$907.40
HEADLAMP (LH/RH) <i>broken mondy broken</i>	2	\$2,776.00	\$5,552.00
HEADLAMP SUPPORT TOP COVER <i>NH</i>	1	\$222.60	\$222.60
HEADLAMP HALOGEN BULB (RH) <i>NH</i>	1	\$28.80	\$28.80
RADIATOR <del>NH</del> <i>St</i>	1	\$708.50	\$708.50
RADIATOR FAN BLADE, COWLING, MOTOR ASSY <i>NH</i>	1	\$792.95	\$792.95
RADIATOR BRACKET (LH/RH) <i>NH</i>	2	\$5.40	\$10.80
HORN UNIT (LH/RH) <i>NH</i>	2	\$72.30	\$144.60
HORN WIRE <i>NH</i>	1	\$156.60	\$156.60
FRONT FENDER (RH) <i>Demol</i>	1	\$566.30	\$566.30
FRONT FENDER APRON PANEL (RH) <i>Demol</i>	1	\$637.00	\$637.00
FRONT FENDER SHIELD (RH) <i>NH</i>	1	\$174.90	\$174.90
FRONT FENDER RETAINER <i>NH</i>	1	\$3.00	\$3.00
AIRCON CONDENSER <del>NH</del> <i>St</i>	1	\$947.80	\$947.80
AIRCON RECEIVER <i>NH</i>	1	\$59.60	\$59.60
AIRCON SUCTION & LIQUID HOSE <i>NH</i>	1	\$549.10	\$549.10
FRONT DOOR (RH) <i>NH</i>	1	\$2,256.40	\$2,256.40
FRONT DOOR HINGE UPPER (RH) <i>NH</i>	1	\$44.50	\$44.50
FRONT DOOR HINGE LOWER (RH) <i>NH</i>	1	\$44.50	\$44.50
FRONT DOOR CHECK (RH) <i>NH</i>	1	\$91.80	\$91.80
FRONT DOOR CITYCAB LOGO (RH) <i>NH</i>	1	\$30.00	\$30.00
FRONT WINDSCREEN MOULDING <i>NH</i>	1	\$23.70	\$23.70
FRONT WINDSCREEN SEALANT <i>NH</i>	1	\$40.00	\$40.00

FRONT WINDSCREEN PILLAR OUTER (RH) <i>HN</i>	1	\$1,535.90	\$1,535.90
FRONT WHEEL RIM (RH) <i>HN</i>	1	\$650.60	\$650.60
FRONT WHEEL HUB CAP (RH) <i>Scratched</i>	1	\$214.20	\$214.20
FRONT WHEEL NUT <i>HN</i>	1	\$5.70	\$5.70
FRONT WHEEL BEARING <i>3 Done</i>	1	\$301.80	\$301.80
FRONT WHEEL HUB ASSY <i>HN</i>	1	\$153.60	\$153.60
FRONT SHOCK ABSORBER ASSY (RH) <i>2 disband</i>	1	\$217.60	\$217.60
FRONT SHOCK ABSORBER MOUNTING (RH) <i>HN</i>	1	\$217.60	\$217.60
FRONT DRIVE SHAFT <i>HN</i>	1	\$2,061.60	\$2,061.60
RACK & PINION ASSY <i>HN</i>	1	\$1,820.00	\$1,820.00
STG TIE ROD <i>HN HN</i>	1	\$135.00	\$135.00
STG TIE END <i>HN HN</i>	1	\$125.20	\$125.20
STG BALL JOINT <i>HN</i>	1	\$73.10	\$73.10
STABILIZER BAR <i>HN</i>	1	\$252.30	\$252.30
STABILIZER BAR BUSH <i>HN</i>	1	\$16.40	\$16.40
STABILIZER BAR LINK <i>HN</i>	1	\$68.10	\$68.10
STABILIZER BRACKET <i>HN</i>	1	\$24.00	\$24.00
FRONT SUSPENSION LOWER ARM (RH) <i>2 disband</i>	1	\$595.90	\$595.90
KNUCKLE ARM (RH) <i>2 disband</i>	1	\$1,104.00	\$1,104.00
WIRING-FRONT <i>HN</i>	1	\$1,634.00	\$1,634.00
FRONT ABS SENSOR <i>HN</i>	1	\$347.60	\$347.60
SUB TOTAL			\$31,647.05
LESS 20%			\$6,329.41
DISCOUNTED TOTAL			\$25,317.64
FRONT ERP STICKER <i>HN</i>	SN 1	\$26.00	\$26.00
FRONT TYRE (RH) <i>HN</i>	SN 1	\$216.00	\$216.00
FRONT NUMBER PLATE <i>HN</i>	SN 1	\$25.00	\$25.00
FRONT NO. PLATE TRIM COVER <i>HN</i>	SN 1	\$30.00	\$30.00
SUB TOTAL			\$297.00
Labour Charge	LKK Auto Consultants hence notify the Repairer of the following:		
Panel Beating	1	\$1,800.00	\$1,800.00
Spray Painting Charge	1	\$1,600.00	\$1,600.00
Wiring Charge	1	\$120.00	\$120.00
Tuff Kote	1	\$150.00	\$150.00
Towing Charge	1	\$50.00	\$50.00
To Reset ABS sensor	1	\$200.00	\$200.00
Remove/Refix Undercarriage (Ent)	1	\$400.00	\$400.00
Front/Four Wheel Alignment	1	\$120.00	\$120.00
Remove/Refix Radiator	1	\$90.00	\$90.00
Remove/Refix Aircon & Refill Gas	1	\$130.00	\$130.00
TOTAL LABOUR			\$4,660.00
ESTIMATE TOTAL			\$30,274.64

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.

24/02/2020 @ 1745h 7 days.

NA Admin

L/S

8

LKK Auto

12312.72

L/S 9800/-

14/4/20

*SP*

0 • C

2,265 • 9 +

39 • 5 +

1,480 • +

1,052 • 2 +

99 • 2 +

49 • 2 +

907 • 4 +

2,776 • +

708 • 5 +

566 • 3 +

637 • +

947 • 8 +

107 • 1 +

301 • 8 +

217 • 6 +

595 • 9 +

552 • =

13,303 • 4 \*

13,303 • 4 x

80 • %

10,642 • 72 \*

0 • C

700 • +

600 • +

30 • +

150 • +

60 • +

50 • +

80 • =

1,670 • \*

0 • C

10,642 • 72 +

1,670 • =

12,312 • 72 \*

12,312 • 72 x

80 • %

9,850 • 176 \*