

ASSIGNMENT

CDB May 2024

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. _____

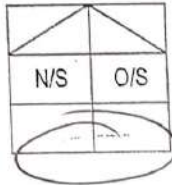
Claims No. _____

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 _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 8061DYr Regn: 2016 MayType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 C.C. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 474402 T/Radio: Insured / Std / NI / NAEng/No: D4FDGu614047C/No: KMHLB41UMGu087924Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: 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 Westlake

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 06/04/2020 D.O.I. 09/04/2020Survey held at Byrest Sin Ming

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

Rear

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

Date / Time Action / Instruction

MSIG SLH 6104D

lump sum 9500, 6days(Red: 12,428.52; 56%)

Date/Time, File Pass to?



Preli. Report

1) 4/6/2020

Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 6

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S+RS \$

Photos

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Format :

Lump Sum / L.B.I: (\$ 9500 I/s

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 9-Apr-20

INSURANCE: MSIG

MODEL: HYUNDAI I40

VEHICLE NO.: SH8061D

DESCRIPTION	QTY	LIST PRICE	AMOUNT	
BOOTLID <i>1st Dented</i>	1	\$2,174.90	\$2,174.90	✓
BOOTLID RUBBER <i>distorted</i>	1	\$96.50	\$96.50	✓
BOOTLID HINGE (LH/RH) <i>NH</i>	2	\$284.60	\$569.20	X
BOOTLID LOCK UPPER <i>SVC</i>	1	\$114.90	\$114.90	X
BOOTLID LOCK LOWER <i>SVC</i>	1	\$23.20	\$23.20	X
BOOTLID I40 EMBLEM (I40) <i>NH</i>	1	\$67.90	\$67.90	X
BOOTLID 'H' EMBLEM <i>Nec</i>	1	\$63.10	\$63.10	✓
BOOTLID CRDI PLATE <i>Nec</i>	1	\$52.40	\$52.40	✓
BOOTLID LAMP (LH/RH) <i>crack / mainly crack</i>	2	\$1,131.20	\$2,262.40	✓
BOOTLID TRIMBOARD <i>SVC</i>	1	\$343.90	\$343.90	X
BOOTLID TRIMBOARD CLIPS (11 PCS) <i>NH</i>	1	\$11.00	\$11.00	X
BOOTLID MOULDING (I40) <i>NH</i>	1	\$385.30	\$385.30	X
BOOTLID LOWER GARNISH CHROME(I40) <i>NH</i>	1	\$227.90	\$227.90	X
REAR BUMPER <i>Dented</i>	1	\$1,106.00	\$1,106.00	✓
REAR BUMPER REINFORCEMENT BRACKET <i>1st Dented</i>	1	\$160.60	\$160.60	✓
REAR BUMPER REINFORCEMENT <i>crack</i>	1	\$428.40	\$428.40	✓
REAR BUMPER CLIP <i>Nec</i>	1	\$19.00	\$19.00	✓
REAR BUMPER SPONGE <i>turn</i>	1	\$119.50	\$119.50	✓
REAR BUMPER UNDER COVER <i>distorted</i>	1	\$228.00	\$228.00	✓
REAR BUMPER RUBBER MAT / I40 PLATE <i>Nec</i>	1	<i>SH</i> \$50.00	\$50.00	✓
REAR BUMPER REFLECTOR LAMP (I40) <i>NH</i>	2	\$32.00	\$64.00	X
TAIL LAMP (LH/RH) <i>mainly crack</i>	2	\$697.80	\$1,395.60	✓
TAIL LAMP QUARTER PANEL (LH/RH) <i>NH</i>	2	\$453.00	\$906.00	X
REAR PANEL <i>Buc</i>	1	\$526.70	\$526.70	✓
REAR PANEL LOWER <i>Buc</i>	1	\$367.20	\$367.20	✓
REAR PANEL GARNISH <i>SVC</i>	1	\$57.70	\$57.70	X
PANEL ASSY-REAR FLOOR SIDE (LH/RH) <i>NH</i>	2	\$177.00	\$354.00	X
SPARE TYRE HOLDER <i>NH</i>	1	\$223.10	\$223.10	X
SPARE WHEEL LOCK NUT <i>NH</i>	1	\$41.80	\$41.80	X
SPARE TYRE PANEL <i>Dented</i>	1	\$852.80	\$852.80	✓
SPARE TYRE PANEL CUSHION <i>NH</i>	1	\$223.10	\$223.10	X
MEMBER-ASSY-REAR FLOOR CENTRE <i>NH</i>	1	\$570.40	\$570.40	X
REAR TOWING HOOK <i>NH</i>	1	\$194.60	\$194.60	X
REAR FENDER <i>H/S Dented</i>	1	\$2,171.40	\$2,171.40	✓
REAR FENDER UNDER SHIELD(LH/RH) <i>NH</i>	1	\$338.60	\$338.60	X
REAR TRAY LUGGS SIDE (LH/RH) <i>NH</i>	1	\$232.60	\$232.60	X
REAR FENDER AIR-DUCT (LH/RH) <i>NH</i>	1	\$51.60	\$51.60	X
REAR FENDER TRIM BOARD (LH/RH) <i>NH</i>	1	\$688.75	\$688.75	X
EXHAUST PIPE INSULATOR (LH/RH) <i>NH</i>	2	\$117.10	\$234.20	X
EXHAUST SILENCER (LH/RH) <i>Dented (photo)</i>	2	\$1,935.40	\$3,870.80	✓
EXHAUST PIPE HANGER <i>NH</i>	1	\$117.10	\$117.10	X
SUB TOTAL			\$21,986.15	

LESS 20%			\$4,397.23	
DISCOUNTED TOTAL			\$17,588.92	
BOOTLID COMFORT LOGO & TEL NO. STICKER NF	SN	1	\$16.60	\$16.60 X
BOOTLID ADVERTISEMENT LOGO <i>hook Nec</i>	SN	1	\$100.00	\$100.00 ✓
REAR NO. PLATE <i>NH</i>	SN	1	\$25.00	\$25.00 X
REAR BUMPER RESERVE SENSOR <i>Dan</i>	SN	1	\$118.00	\$118.00 ✓
REAR BUMPER ADVERTISEMENT LOGO <i>hook Nec</i>	SN	1	\$50.00	\$50.00 ✓
REAR FENDER ADVERTISEMENT LOGO (LH/RH) <i>hook Nec</i>	SN	1	\$100.00	\$100.00 ✓
SUB TOTAL			\$409.60	
Labour Charge				
Panel Beating		1	\$1,600.00	\$1,600.00 800/-
Spray Painting Charge		1	\$1,200.00	\$1,200.00 700/-
Wiring Charge		1	\$100.00	\$100.00 30/-
Tuff Kote		1	\$120.00	\$120.00 40/-
Towing Charge		1	\$80.00	\$80.00 NH
Remove/Refix Reverse Sensor		1	\$120.00	\$120.00 40/-
Remove/Refix Fuel Tank		1	\$80.00	\$80.00 NH
Remove/Refix Exhaust Pipe		1	\$80.00	\$80.00 60/-
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00 NH
TOTAL LABOUR			\$3,930.00	
ESTIMATE TOTAL			\$ 21,928.52	
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.				

09/04/2020 @ 0915h

HOT Antenna

2/Smr 6 days.

[Signature]

LKK Antenna

[Signature]

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

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	07/04/2020 15:38
Date Of Accident	06/04/2020 15:45
Exact Location Of Accident	BENDEMEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8061D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.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	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	SHARUL NIZAM BIN ABD RAHMAN
NRIC No	SXXXX419J
Date Of Birth	11/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2001
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87804576
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 460 CHOA CHU KANG AVENUE 4 #03-59
Postcode	680460
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

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	SLN6104D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHIFUL BAHRAIN BIN MAHMUD
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

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.

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

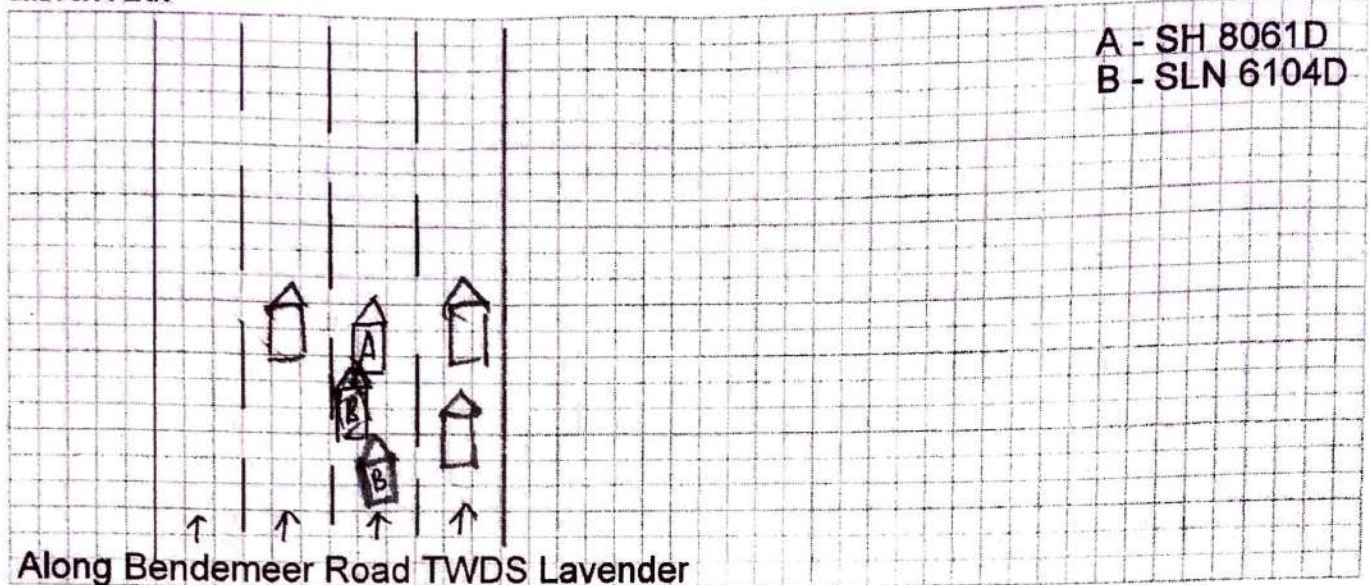
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07.04.2020
@ 14:00 hrs

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

SKETCH PLAN

A - SH 8061D
B - SLN 6104D



Along Bendemeer Road TWDS Lavender

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06.04.2020 at about 15:45 I was travelling along Bendemeer Road TWDS

Lavender with no passenger onboard .

When I see the vehicle in front of me slow down and stop I followed too , suddenly

Veh B (SLN 6104D) lose control and collided into my taxi A - Left Rear Portion

As it take place too fast I could not take evasive action to prevent .

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

After the accident I suffered pain at my neck , back and head area .

Veh B (SLN 6104D) - Mr Shaiful Bahrin Bin Mahmod

DECLARATION

I/We declare the foregoing particulars are 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: 07.04.2020
@ 14:00 hrs

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