

ASS. REC. BY:

REF: CT2 / 20005335/K9f3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Bifrost

of _____

Insured: _____

Policy No. _____

Claims No. SNM20D201786/C02

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report _____ Consistent?: Yes or No

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

Est. Repairs: 08 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 8/23 Person Contacted: _____ Vehicle: IN / OUT

Veh No: S11C 8276H Yr Regn: 08, 15

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

Truck / Traller or _____

Make: Hyundai 1.40 c.c. 1085

Colour: L. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 645926 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH2B41UMG077029

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F. Hancock 205/60R16

Westlake

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. 16/4/20

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 22/4/2020

Survey held at _____

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

Frt O/S

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

Date / Time Action / Instruction

13/07/21 @ 3.45pm revised to Jenny Lew via Merimen.

13/09/21 @ 10.33am confirmed with Mr Yee LS \$14500, 8 days. (Red \$24828.40, 63%)

Date/Time, File Pass to?

1) 13/09 Typist

Date/Time, File Return to?

2)

: Prell. Report

: Final Report

Days Of Repair: 8

Resurvey No. of Trlp: 1

Survey Fee:

Transportation:

S + RS: \$

Fees

Others

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format: MER-TP

Lump Sum H.B. (\$) 14500

FRONT WINDSCREEN MOULDING	nn	1	\$133.70	\$133.70	X
FRONT WINDSCREEN PILLAR OUTER (LH/RH)	R	1	\$1,535.90	\$1,535.90	X
FRONT WHEEL RIM (RH)		1	\$650.60	\$650.60	?
KNUCKLE ARM (RH)		1	\$595.90	\$595.90	?
FRONT WHEEL BEARING HUB ASSY (RH)		1	\$673.20	\$673.20	?
FRONT SUSPENSION LOWER ARM (RH)		1	\$1,104.00	\$1,104.00	?
FRONT SHOCK ABSORBER ASSY (RH)		1	\$684.40	\$684.40	?
FRONT SHOCK ABSORBER MOUNTING (RH)	sn	1	\$217.60	\$217.60	X
STG TIE ROD (RH)	sn	1	\$186.40	\$186.40	X
STG TIE END (RH)	sn	1	\$125.20	\$125.20	X
STABILIZER BAR ASSY	sn	1	\$463.70	\$463.70	X
STABILIZER BAR LINK (RH)	sn	1	\$68.10	\$68.10	X
ABS SENSOR		1	\$217.90	\$217.90	?
FRONT DRIVE SHAFT (RH)		1	\$2,061.60	\$2,061.60	?
RACK & PINION ASSY		1	\$1,820.00	\$1,820.00	?
FRONT CHASSIS MEMBER (RH)		1	\$1,060.70	\$1,060.70	?
ENGINE MOUNTING RH		1	\$401.60	\$401.60	?
WIRING-ENGINE W/ FUSE BOX	sn	1	\$3,326.00	\$3,326.00	X
FRONT DOOR COMFORT LOGO	nn	1	\$75.00	\$75.00	✓
MANIFOLD ASSY		1	\$1,856.30	\$1,856.30	?
SUB TOTAL				\$39,695.50	
LESS 20%				\$7,939.10	
DISCOUNTED TOTAL				\$31,756.40	
ROCKER PANEL ADVERTISEMENT(RH)	nn SN	1	\$ 120.00	\$ 120.00	X
FRONT FENDER ADVERTISEMENT LOGO	nn SN	1	\$100.00	\$100.00	✓
FRONT WINDSCREEN SEALANT	nn SN	2	\$45.00	\$90.00	X
FRONT ERP STICKER	nn SN	1	\$26.00	\$26.00	X
FRONT TYRE (RH)	nn SN	1	\$216.00	\$216.00	80/80
SUB TOTAL				\$ 552.00	
Labour Charge					
Panel Beating		1	\$1,800.00	\$1,800.00	11001
Spray Painting Charge		1	\$1,600.00	\$1,600.00	10001
Wiring Charge		1	\$200.00	\$200.00	301
Tuff Kote		1	\$160.00	\$160.00	901
Towing Charge		1	\$80.00	\$80.00	501
Transfer of Door Mechanism FRONT		1	\$80.00	\$80.00	7601
Re-set Frt Power Window System		1	\$200.00	\$200.00	601
Four Wheel Alignment		1	\$120.00	\$120.00	?
Remove/Refix Undercarriage (Frt)		1	\$400.00	\$400.00	X
Re-set Frt ABS System		1	\$200.00	\$200.00	X
Remove/Refix Radiator		1	\$90.00	\$90.00	501
Remove/Refix Aircon & Refill Gas		1	\$130.00	\$130.00	1001
Remove/Refix Fuse Box		1	\$120.00	\$120.00	X
Remove/Refix Front Windscreen Glass		1	\$120.00	\$120.00	X
Remove/Refix Engine		1	\$600.00	\$600.00	?
Remove/Refix Dashboard		1	\$350.00	\$350.00	?
Front Chassis Alignment Charge		1	\$220.00	\$220.00	X
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00	X
TOTAL LABOUR				\$7,020.00	

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	16/04/2020 16:28
Date Of Accident	16/04/2020 13:10
Exact Location Of Accident	NEW BRIDGE ROAD X UPP PICKERING ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8276H
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	NG BENG TECK
NRIC No	SXXXX626E
Date Of Birth	17/05/1954
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1979
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96982759
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address 928 13-59 HOUGANG STREET 91
 Postcode 530928
 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 - CROSS JUNCTION
 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) 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

SEE ATTACH.

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 SMF4900R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver CHAN
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRT LEFT
 No. Of Passenger (Including Driver)