

ASSIGNMENT

CUE March 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. _____

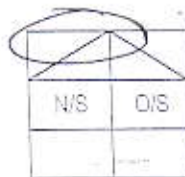
Sum Insured: _____ Excess: _____

(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: 5 days Res.: Yes or NoLum Sum: 107.28 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 88484 Yr Regn: 2016 / MarchType: 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: 592377 T/Radio: Insured / Std / NI / NAEng/No: D4FDEU475081C/No: KMHCB41UMGU085562Gen. 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 orTyre Size: F: 205/60 R16R: — 11 —

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 27/05/2020 D.O.I. 28/05/2020Survey held at Bijapur Sin Ming

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

Front

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

Date / Time Action / Instruction

MSG SHC 8205M21/08/2020 Jumper L/S 11500/- with 5 days of repL/S at 10% LOS repairer unable to obtain used parts due to lock down. Most parts changed and verified.

Date/Time, File Pass to?



1)

Date/Time, File Return to?

2) 21/8/20-TypistDays Of Repair: 5Resurvey No. of Trip: 2

Survey Feet:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format: MerimenLump Sum / L.S. (\$) \$11,500

Add Fee:



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 27/05/2020 13:55
 Date Of Accident 27/05/2020 08:10
 Exact Location Of Accident ALONG PIE TWDS TUAS AFTER CLEMENTI EXIT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8848H
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 HAMZAH BIN HUSSEIN
 NRIC No SXXXX590E
 Date Of Birth 07/01/1958
 Occupation OUTDOOR
 Date Of Driving Pass 28/09/1999
 Driving Experience 20 YEARS AND 7 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97519594
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	BLK 45 CHAI CHEE STREET #02-134
Postcode	461045
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	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	VDL3807 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	3
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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO HEAD

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	SJH8205M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW BENG KAR
NRIC/Passport Number	
Contact Number	81576136
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number VDL3807

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number 83603380

Address

Postcode

Insurance Company Name

Nature Of Damage NOT SURE

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

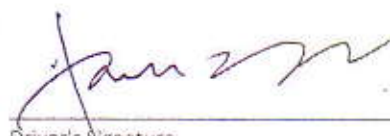
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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5. 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

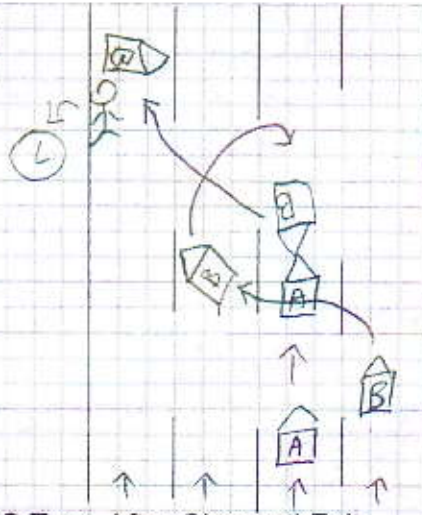
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 27.05.2020
@ 10:15 hrs


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

SKETCH PLAN

A - SHC 8848H
B - SJH 8205M
C - VDL 3807



Along PIE TWDS Tuas After Clementi Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27.05.2020 at about 08:10 hours I was travelling along PIE TWDS Tuas After Clementi

exit with One Male passenger onboard .

While travelling straight as the road is wet , suddenly veh B (SJH 8205M) lose control and

skidded from the first lane to second lane and hit twds my taxi A- front portion .

then skidded into the extreme left lane and hit onto the motorcycle .

As it take 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 (SJH 8205M) - Mr Low Beng Kar H/P : 8157 6136

Motorcycle (VDL 3807) - Male Rider H/P : 8360 3380

DECLARATION

COMFORT TRANSPORTATION PTE LTD
We declare the foregoing particulars are true in every respect.
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27.05.2020
@ 10:15 hrs

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

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 27-May-20

INSURANCE: MSIG

MODEL: HYUNDAI I40

VEHICLE NO.: SHC8848H

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BONNET <i>Dented</i>	1	\$2,265.90	\$2,265.90
BONNET RUBBER (LH) <i>Svc</i>	1	\$35.70	\$35.70
BONNET RUBBER (RH) <i>Svc</i>	1	\$35.70	\$35.70
BONNET HINGE (LH/RH) <i>NH</i>	2	\$126.70	\$253.40
BONNET LOCK <i>St</i>	1	\$142.40	\$142.40
BONNET ABSORBER (LH ONLY) <i>NH</i>	1	\$61.60	\$61.60
BONNET INSULATOR <i>NH</i>	1	\$202.50	\$202.50
BONNET SEAL <i>NH</i>	1	\$31.90	\$31.90
BONNET INSULATOR CLIPS <i>NH</i>	1	\$15.00	\$15.00
BONNET CABLE <i>NH</i>	1	\$69.60	\$69.60
RADIATOR GRILLE H EMBLEM <i>Nec / broken</i>	1	\$129.50	\$129.50
RADIATOR GRILLE <i>broken</i>	1	\$1,480.00	\$1,480.00
FRONT BUMPER COVER <i>Dented / distorted</i>	1	\$1,052.20	\$1,052.20
FRONT BUMPER SPONGE <i>form</i>	1	\$379.20	\$379.20
FRONT BUMPER REINFORCEMENT <i>Dented</i>	1	\$588.40	\$588.40
FRONT BUMPER GRILLE (LH) <i>NH</i>	1	\$149.20	\$149.20
FRONT BUMPER LIP <i>NH</i>	1	\$152.00	\$152.00
FRONT BUMPER BRACKET TOP (LH/RH) <i>NH</i>	2	\$44.80	\$89.60
FRONT BUMPER BRACKET (LH) <i>NH</i>	1	\$49.20	\$49.20
FRONT BUMPER RETAINER MOUNTING <i>NH</i>	1	\$76.20	\$76.20
FRONT BUMPER GRILLE AIR DUCT (LH) <i>NH</i>	1	\$126.20	\$126.20
HEADLAMP SUPPORT PANEL ASSY <i>crack / St</i>	1	\$907.40	\$907.40
HEADLAMP (LH/RH) <i>mostly broken</i>	2	<u>\$2,776.00</u>	<u>\$5,552.00</u>
HEADLAMP SUPPORT TOP COVER <i>NH</i>	1	\$222.60	\$222.60
RADIATOR <i>St / Punctured</i> 708.50	1	\$1,637.20	\$1,637.20
RADIATOR GUARD <i>Svc</i>	1	\$76.50	\$76.50
COOLANT <i>NH</i>	1	\$ 45.00	\$ 45.00
RADIATOR FAN BLADE, COWLING, MOTOR ASSY <i>crack</i>	1	\$1,194.20	\$1,194.20
RADIATOR HOSE UPPER <i>NH</i>	1	\$229.50	\$229.50
RADIATOR HOSE LOWER <i>NH</i> 792.95	1	\$135.60	\$135.60
HORN UNIT (LH/RH) <i>broken</i>	2	\$72.30	\$144.60
HORN WIRE <i>NH</i>	1	\$156.60	\$156.60
FRONT FENDER (LH) <i>Dented</i>	1	\$566.30	\$566.30
FRONT FENDER SHIELD (LH) <i>NH</i>	1	\$174.90	\$174.90
INTER COOLER <i>Punctured</i>	1	\$1,032.50	\$1,032.50
HOSE B TO INTER COOLER <i>NH</i>	1	\$229.70	\$229.70
HOSE C TO INTER COOLER INLET <i>NH</i>	1	\$294.50	\$294.50
SUB TOTAL		13903.45	\$19,984.50
LESS 20%			\$3,996.90
DISCOUNTED TOTAL		11122.76	\$15,987.60
FRONT NUMBER PLATE <i>broken</i> SN	1	\$25.00	\$25.00

FRONT NO. PLATE TRIM COVER <i>broken</i>	SN	1	\$30.00	\$30.00	20.00
FRONT FENDER ADVERTISEMENT LOGO <i>Hee</i>	SN	1	\$100.00	\$100.00	✓
AIRCON CONDENSER <i>punctured 1st</i>	List	1	\$947.80	\$947.80	✓
SUB TOTAL <i>145.00</i>					\$1,102.80
Labour Charge					
Panel Beating		1	\$1,200.00	\$1,200.00	700/-
Spray Painting Charge		1	\$1,000.00	\$1,000.00	700/-
Wiring Charge		1	\$120.00	\$120.00	30/-
Tuff Kote		1	\$120.00	\$120.00	40/-
Towing Charge		1	\$80.00	\$80.00	44
Re-set Frt ABS System <i>1600.00</i>		1	\$200.00	\$200.00	44
Remove/Refix Radiator		1	\$90.00	\$90.00	50/-
Remove/Refix Aircon & Refill Gas		1	\$130.00	\$130.00	80/-
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00	44
TOTAL LABOUR					\$3,490.00
ESTIMATE TOTAL					\$ 20,580.40
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.					

28/05/2020 @ 1630hr

Not Antimal

2/Sum 5 days.

1 year

2kk Auto

[Signature]

12867.76

4/s 11500/-

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: