

ASSIGNMENT

COE 2024 June

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. _____

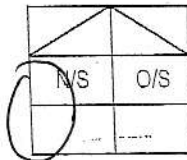
Sum Insured: _____ Excess: _____

(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: 7 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: SHD 6584 B Yr Regn: 2016, JuneType: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: Hyundai I40 C.O. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 513359 T/Radio: Insured / Std / NI / NAEng/No: D4FDGU652673C/No: KMHLB41UMGU091543Gen. 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 Westlake

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 2nd Ming

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

N/S Rear

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

Date / Time Action / Instruction

Budget Direct SGW 4256 Z06/08/2020 from 1/5 11600/- with 7 days 2 yr (Red \$15983-52, 57%)

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

7/8/20 Typist

Report Format:

Lump Sum I.B.I. (\$) \$11600/-Days Of Repair: 7Resurvey No. of Trip: 3

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

Transportation:

S+RS \$

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	27/05/2020 16:05
Date Of Accident	27/05/2020 09:30
Exact Location Of Accident	BT BATOK WEST AVE 6 X BLK 111-132 C/PARK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6584B
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	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	CHENG LONG CHYE
NRIC No	SXXXX154H
Date Of Birth	14/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	15/06/1976
Driving Experience	43 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96285839
Fax Number	
Contact Number	
Email Address	LONGCHYE_CHENG@YAHOO.COM

Address	BLK 612 CLEMENTI WEST STREET 1 #06-324
Postcode	120612
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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

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

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	SGW4256Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHO KWANG LEE
NRIC/Passport Number	
Contact Number	96580137
Address	
Postcode	
Insurance Company Name	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

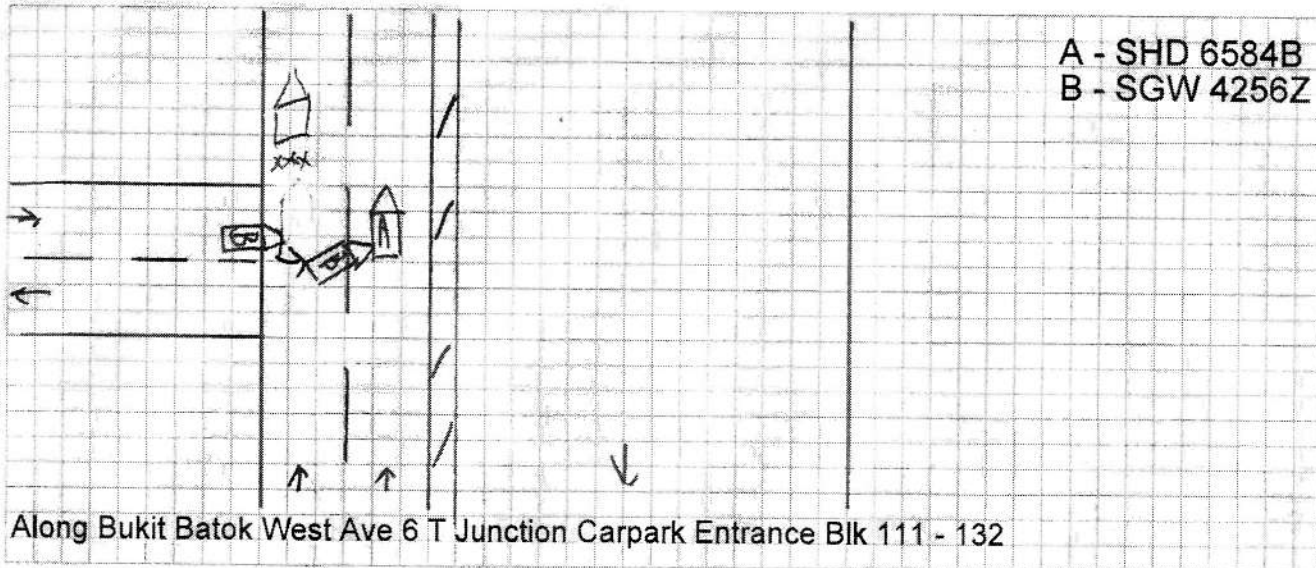
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27.05.2020
@ 11:30 hrs

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27.05.2020 at about 09:30 hours I was travelling along Bukit Batok West Ave 6 t Junction
Carpark Entrance Blk 111 - 132 with no passenger onboard .
While travelling straight , suddenly veh B (SGW 4256Z) dash out without giving way to me
and collided into my taxi A - Left Rear Portion .
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 (SGW 4256Z) - Mr Kho Kwang Lee H/P : 9658 0137

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: 27.05.2020
@ 11:30 hrs

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

Phone Number:

Fax Number:

Customer:		Date: 28/5/2020 5:17 PM - 28/5/2020 5:31
Company:		VIN
License NO:	SHD6584B	Technician:
Odometer:		Order NO:

VEHICLE ALIGNMENT REPORT

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

Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	4°17'	4°12'	5°12'	3°57'
		Right	4°24'	4°12'	5°12'	4°36'
	Camber	Left	-0°30'	-1°00'	0°00'	-0°31'
		Right	-0°12'	-1°00'	0°00'	-0°08'
	Toe	Left	0°01'	0°00'	0°12'	0°13'
		Right	-0°05'	0°00'	0°12'	-0°17'
Total		-0°04'	0°00'	0°24'	-0°04'	
Rear	Camber	Left	-1°30'	-1°30'	-0°30'	0°08'
		Right	-1°59'	-1°30'	-0°30'	-1°55'
	Toe	Left	-0°07'	-0°03'	0°09'	-0°28'
		Right	0°06'	-0°03'	0°09'	0°07'
		Total	-0°01'	-0°06'	0°18'	-0°21'
	Thrust Angle		0°06'	99°59'		0°18'
Secondary Angles			Initial	Specifications		Final
				Min.	Max.	
SAI		Left	9°49'	13°18'	14°18'	9°49'
		Right	12°44'	13°18'	14°18'	12°44'
Included Angle		Left	9°19'	99°59'	99°59'	9°18'
		Right	12°32'	99°59'	99°59'	12°36'
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	-0.16"	99.99"	99.99"	-0.16"
		Rear	-0.40"	99.99"	99.99"	-0.40"
Track Width Diff.			-0.24"			-0.24"
Wheel Base Diff.			0.24"			0.24"
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: 27-May-20

INSURANCE: Auto & General

MODEL: HYUNDAI I40

VEHICLE NO.: SHD6584B

DESCRIPTION	QTY	LIST PRICE	AMOUNT
REAR BUMPER <i>Dented</i> 553.00	1	\$1,106.00	\$1,106.00
REAR BUMPER REINFORCEMENT BRACKET <i>NH</i>	1	\$160.60	\$160.60
REAR BUMPER REINFORCEMENT <i>NH</i>	1	\$428.40	\$428.40
REAR BUMPER CLIP <i>NH</i>	1	\$19.00	\$19.00
REAR BUMPER SPONGE <i>NH</i>	1	\$119.50	\$119.50
REAR BUMPER UNDER COVER <i>NH</i>	1	\$228.00	\$228.00
REAR BUMPER REFLECTOR LAMP (I40) <i>NH</i>	1	\$32.00	\$32.00
TAIL LAMP (LH) <i>NH</i>	1	\$697.80	\$697.80
TAIL LAMP QUARTER PANEL (LH) <i>NH</i>	1	\$453.00	\$453.00
REAR FENDER WITH HOUSING(LH) <i>Brace / tone</i>	1	\$4,736.80	\$4,736.80
REAR FENDER UNDER SHIELD(LH) <i>dented</i> 169.30	1	\$338.60	\$338.60
REAR FENDER AIR-DUCT (LH) <i>NH</i>	1	\$51.60	\$51.60
REAR FENDER TRIM BOARD (LH) <i>NH</i>	1	\$688.75	\$688.75
REAR DOOR BLACK PLASTIC COVER <i>NH</i>	1	\$225.00	\$225.00
REAR DOOR (LH) <i>Dented</i>	1	\$2,201.10	\$2,201.10
REAR DOOR RUBBER (LH) <i>NH</i>	1	\$185.40	\$185.40
REAR DOOR REGULATOR (LH) <i>not working broken</i>	1	\$660.90	\$660.90
REAR DOOR POWER WINDOW MOTOR <i>NH</i>	1	\$386.20	\$386.20
REAR DOOR LOCK ASSY <i>NH</i>	1	\$468.20	\$468.20
REAR DOOR TRIM BOARD (LH) <i>not dented / working broken</i>	1	\$743.80	\$743.80
REAR DOOR OUTER MOULDING (LH) <i>NH</i>	1	\$176.80	\$176.80
ROCKER PANEL OUTER GARNISH (LH) <i>broken</i> 341.40	1	\$732.80	\$732.80
ROCKER PANEL OUTER <i>NH</i>	1	\$1,380.50	\$1,380.50
ROCKER PANEL ENFORCEMENT (LH) <i>NH</i>	1	\$969.40	\$969.40
ROCKER PANEL INNER (LH) <i>NH</i>	1	\$551.70	\$551.70
REAR TYRE RIM (LH) <i>not dented</i>	1	\$650.60	\$650.60
REAR TYRE WHEEL CAP <i>cut</i>	1	\$214.20	\$214.20
REAR WHEEL BEARING ING & HUB <i>2 Dented</i> 362.00	1	\$724.00	\$724.00
REAR TRAILING ARM (LH) <i>2 dented</i> 192.00	1	\$384.00	\$384.00
REAR ASSIST (LH) <i>2 dented</i> 105.70	1	\$219.40	\$219.40
REAR SHOCK ABSORBER (LH) <i>2 dented</i> 276.30	1	\$683.70	\$683.70
REAR SHOCK ABSORBER MOUNTING (LH) <i>NH</i>	1	\$162.60	\$162.60
ABS SENSOR <i>NH</i>	1	\$217.90	\$217.90
REAR CROSS MEMBER <i>not dented</i>	1	\$2,021.50	\$2,021.50
STABILIZER BAR <i>NH</i>	1	\$199.60	\$199.60
STABILIZER LINK <i>NH</i>	1	\$85.90	\$85.90
REAR UPPER ARM (LH) <i>2 dented</i>	1	\$335.75	\$335.75
REAR LOWER ARM (LH) <i>2 dented</i>	1	\$353.80	\$353.80
REAR KNUCKLE ARM (LH) <i>2 dented</i>	1	\$545.60	\$545.60
REAR WIRING ASSY <i>NH</i>	1	\$1,521.50	\$1,521.50
SUB TOTAL	14668.15		\$26,061.90
LESS 20%			\$5,212.38

11734.52

DISCOUNTED TOTAL					\$20,849.52
REAR BUMPER RESERVE SENSOR <i>HH</i>	SN	1	\$118.00	\$118.00	X
REAR BUMPER ADVERTISEMENT LOGO <i>Hec</i>	SN	1	\$50.00	\$50.00	✓
REAR BUMPER RUBBER MAT / I40 PLATE <i>Hec</i>	SN	1	\$50.00	\$50.00	✓
REAR FENDER ADVERTISEMENT LOGO (LH) <i>Hec</i>	SN	1	\$100.00	\$100.00	✓
Rear Door Comfortdelgro & Apps Sticker(LH) <i>Hec</i>	SN	1	\$ 80.00	\$ 80.00	✓
REAR DOOR ADVERTISEMENT LOGO (LH) <i>Hec</i> SI	SN	1	\$100.00	\$100.00	✓
ROCKER PANEL ADVERTISEMENT(LH) <i>Hec</i>	SN	1	\$ 120.00	\$ 120.00	✓
REAR TYRE (LH) <i>HH</i>	SN	1	\$216.00	\$216.00	X
<i>500.00</i>					
SUB TOTAL					\$834.00
Labour Charge					
Panel Beating		1	\$1,800.00	\$1,800.00	900/-
Spray Painting Charge		1	\$1,400.00	\$1,400.00	700/-
Wiring Charge		1	\$160.00	\$160.00	30/-
Tuff Kote		1	\$160.00	\$160.00	40/-
Towing Charge		1	\$80.00	\$80.00	HH
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/-
Re-set Rear ABS System		1	\$400.00	\$400.00	HH
Remove/Refix Fuel Tank		1	\$80.00	\$80.00	HH
Remove/Refix Exhaust Pipe <i>2120.00</i>		1	\$80.00	\$80.00	HH
Transfer of Door Mechanism REAR		1	\$80.00	\$80.00	60/-
Re-set Rear Power Window System <i>2320.00</i>		1	\$200.00	\$200.00	HH
Four Wheel Alignment		1	\$120.00	\$120.00	60/-
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00	180/-
TOTAL LABOUR					\$5,900.00
ESTIMATE TOTAL					\$ 27,583.52
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.					

28/05/2020 @ 1645hrs

Not Antimal

L Sum 7 days.

Gyan

2 KLC Auto

14554.52

L/S 11600/-

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: