

ASSIGNMENT

COB Aug 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. _____

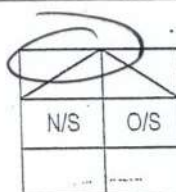
Claims No. _____

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 8 days Res.: Yes or NoLum Sum: 107.20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 8190X Yr Regn: 2016 / AugType: 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: 326064 T/Radio: Insured / Std / NI / NAEng/No: D4FDGU668722C/No: KMHLB41UM*GU093357Gen. 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 Hankook

Front Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 27/05/2020 D.O.I. 29/05/2020Survey held at Bijrost Rin Mine

Des. of Damages: Frt / 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 8LS 8711L

21/08/2020 finance L/S 10800/- within 8 days of in

L/S at 10% cos repairs unable to obtain used parts due to
lock down. Most parts changed and verified.

(Red: 8751.78 : 45%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 8

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I. (\$) _____

Add Fee:

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

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 29-May-20

MODEL: HYUNDAI I40

INSURANCE: MSIG

VEHICLE NO.: SHC8190X

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BONNET <i>Kst</i>	1	\$2,265.90	\$2,265.90
BONNET LOCK <i>SVL</i>	1	\$142.40	\$142.40
BONNET SEAL <i>NN</i>	1	\$31.90	\$31.90
BONNET INSULATOR CLIPS <i>NN</i>	1	\$15.00	\$15.00
RADIATOR GRILLE H EMBLEM <i>broken/damaged</i>	1	\$129.50	\$129.50
RADIATOR GRILLE <i>broken</i>	1	\$1,480.00	\$1,480.00
FRONT BUMPER COVER <i>broken</i>	1	\$1,052.20	\$1,052.20
FRONT BUMPER SPONGE <i>broken</i>	1	\$379.20	\$379.20
FRONT BUMPER REINFORCEMENT <i>Dented / Kst</i>	1	\$588.40	\$588.40
FRONT BUMPER GRILLE (LH/RH) <i>O/S NN N/S cut</i>	2	\$149.20	\$298.40
FRONT BUMPER LIP <i>NN</i>	1	\$152.00	\$152.00
FRONT BUMPER BRACKET TOP (LH/RH) <i>NN</i>	2	\$44.80	\$89.60
FRONT BUMPER BRACKET (LH/RH) <i>NN</i>	2	\$49.20	\$98.40
FRONT BUMPER RETAINER MOUNTING <i>NN</i>	1	\$76.20	\$76.20
FRONT BUMPER GRILLE AIR DUCT (LH) <i>NN</i>	1	\$126.20	\$126.20
HEADLAMP SUPPORT PANEL ASSY <i>Kst</i>	1	\$907.40	\$907.40
HEADLAMP (LH/RH) <i>mounty broken</i>	2	\$2,776.00	\$5,552.00
HEADLAMP SUPPORT TOP COVER <i>NN</i>	1	\$222.60	\$222.60
RADIATOR <i>Kst / punctured</i> <i>708.50</i>	1	\$1,637.20	\$1,637.20
RADIATOR GUARD (LH/RH) <i>O/S NN N/S crack</i> <i>76.50</i>	1	\$76.50	\$76.50
COOLANT <i>NN</i>	1	\$45.00	\$45.00
RADIATOR FAN BLADE, COWLING, MOTOR ASSY <i>NN</i>	1	\$1,194.20	\$1,194.20
HORN UNIT (LH/RH) <i>O/S NN N/S broken SVL</i>	2	\$72.30	\$144.60
HORN WIRE <i>NN</i>	1	\$156.60	\$156.60
FRONT FENDER (LH/RH) <i>Kst / Dented</i>	1	\$566.30	\$566.30
FRONT FENDER SHIELD (LH/RH) <i>NN</i>	1	\$174.90	\$174.90
AIRCON CONDENSER <i>Kst</i>	1	\$947.80	\$947.80
INTER COOLER <i>punctured</i>	1	\$1,032.50	\$1,032.50
HOSE B TO INTER COOLER <i>NN</i>	1	\$229.70	\$229.70
HOSE C TO INTER COOLER INLET <i>NN</i>	1	\$294.50	\$294.50
SUB TOTAL <i>13059.40</i>			\$20,183.60
LESS 20%			\$4,036.72
DISCOUNTED TOTAL <i>10447.52</i>			\$16,146.88
FRONT NUMBER PLATE <i>damaged</i> SN	1	\$25.00	\$25.00
FRONT NO. PLATE TRIM COVER <i>damaged</i> SN	1	\$30.00	\$30.00
SUB TOTAL <i>45.00</i>			\$55.00
Labour Charge			
Panel Beating	1	\$1,200.00	\$1,200.00
Spray Painting Charge	1	\$1,000.00	\$1,000.00

Wiring Charge	1	\$140.00	\$140.00
Tuff Kote	1	\$140.00	\$140.00
Towing Charge	1	\$80.00	\$80.00
Remove/Refix Radiator	1	\$90.00	\$90.00
Remove/Refix Aircon & Refill Gas	1	\$130.00	\$130.00
Remove/Refix Fuse Box	1	\$120.00	\$120.00
Diagnostic & Resetting To Erase Fault Code 1600/-	1	\$550.00	\$550.00
TOTAL LABOUR			\$3,450.00
ESTIMATE TOTAL			\$ 19,651.88

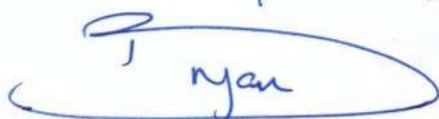
30/-
40/-
12/-
50/-
80/-
12/-
12/-

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.

29/05/2020 @ 1700hrs

NIA Andrew

2/Share 8 days.

 Ryan

LKK Auto



12092.52

4/s 10800/-

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	28/05/2020 09:01
Date Of Accident	27/05/2020 10:20
Exact Location Of Accident	HOUGANG AVE 3 X LORONG AH SOO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8190X
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	MASGHANI BIN LENG
NRIC No	SXXXX768J
Date Of Birth	29/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2000
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97434869
Fax Number	
Contact Number	
EMail Address	MASGHANILENG90@YAHOO.COM.SG

Address	572 04-39 HOUGANG STREET 51
Postcode	530572
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	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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	HOUGANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SLS8711L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DRIVER
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SLS8711L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20200527/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2020 14:27		Vide Report No.: F/20200527/0048		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: MASGHANI BIN LENG			Address: APT BLK 572 HOUGANG STREET 51 #04-39 SINGAPORE 530572		
ID Type / ID No.: NRIC NO / S1772768J			Contact No.: Home/Office: Mobile: 97434869		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 29/01/1966	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/05/2020 10:20	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 HOUGANG AVENUE 3 LORONG AH SOO along Hougang Avenue 3 towards Hougang Avenue 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8190X	Car	HYUNDAI	I40	Blue	Seriously Damaged	0
SLS8711L	Car	TOYOTA	Prius	White	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver			
Name	MASGHANI BIN LENG	ID No.	S1772768J
Related Vehicle	SHC8190X (Car)	Contact No.	97434869
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown	ID No.	NIL
Related Vehicle	SLS8711L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/05/2020 at about 1017hrs, I was driving on the extreme left lane along Hougang Avenue 3 (towards Hougang Avenue 2) when at the junction of Lor Ah Soo, a white colored Toyota SLS8711L, travelling from the opposite direction suddenly swerved right into Lor Ah Soo in front of path. I was unable to stop in time and hit the left passenger door of the said car. The said car then continued into Lor Ah Soo and hit the kerb before finally stopping. The driver, a male person in his 50s or 60s, was conscious and although has no visible injury was later conveyed to unknown hospital.

I would like to state that the traffic light was still green when I passed the junction (installed with red traffic camera). My car was badly damaged on the front part. The other car was also damaged on the front part after hitting the kerb.



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20200527/2048

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Staff Sgt MUHAMMAD SABRIL AMIN BIN
SURAMIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/05/2020 14:27

Classification Of Case:



Singapore

Police Force

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.

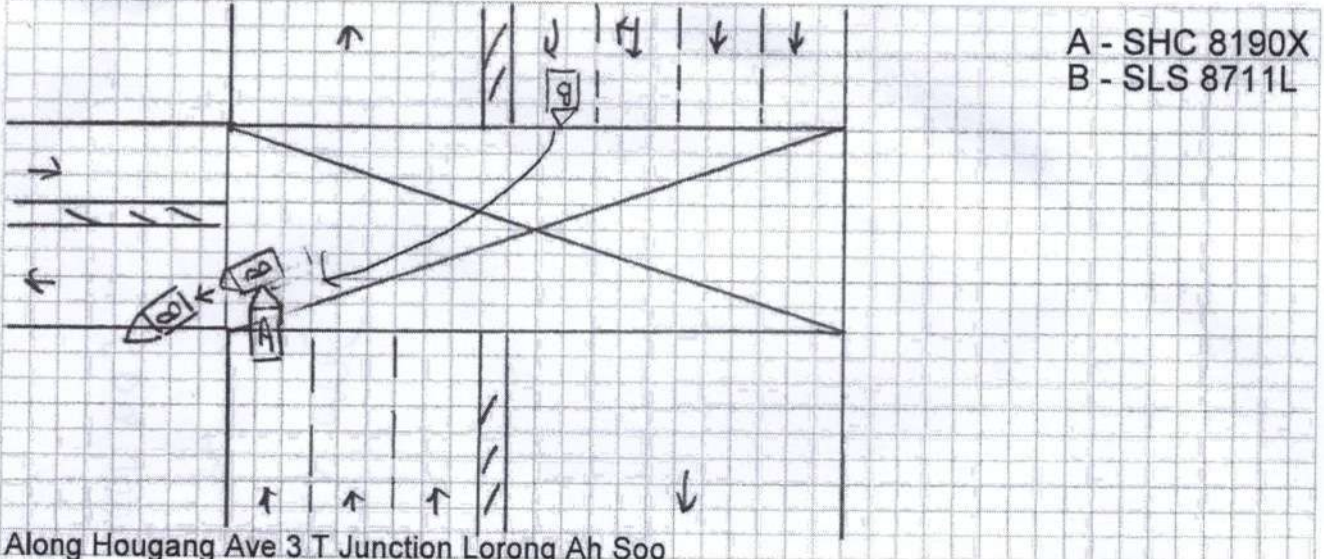
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 27.05.2020
@ 15:50 hrs


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

SKETCH PLAN



Along Hougang Ave 3 T Junction Lorong Ah Soo

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20200527/2048

DECLARATION

I/We declare the facts reported in this report 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
@ 15:50 hrs

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