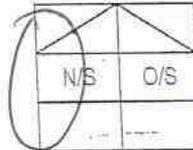


ASSIGNMENT

COE Dec 2025

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: 10 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Veh No: SHA 2246 U Yr Regn: Dec / 2017  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai I40 C.C. 1685  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading 222036 T/Radio: Insured / Std / NI / NA  
 Eng/No: D4FDGU712998  
 C/No: KMHLB41UMHU098613  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 205/60 R16  
 R: — 11 —  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Hankook  
 Front Rear  
 R/Bal. S mm R/Bal. S mm  
 L/Bal. S mm L/Bal. S mm  
 D.O.A. 30/06/2020 D.O.I. 02/07/2020  
 Survey held at Sifrost Sin Ming  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
H/S Portion  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MSG SLQ 9499 D
<u>07/07/20</u>	<u>3pm visited to Koh Ming Shao via Mahim</u>

Date/Time, File Pass to?  : Prel. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?  
 1) \_\_\_\_\_  
 2) \_\_\_\_\_

Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech. Invs (\$) \_\_\_\_\_  
 : Weekend (\$) \_\_\_\_\_

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS: \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

Report Format : \_\_\_\_\_  
 Lump Sum / I.B.I. (\$) \_\_\_\_\_



FRONT WHEEL RIM (LH) <i>Painted Photo</i>	1	\$650.60	\$650.60	✓
KNUCKLE ARM (LH) <i>distorted</i>	1	\$595.90	\$595.90	✓
FRONT WHEEL BEARING HUB ASSY (LH) <i>Distorted</i>	1	\$673.20	\$673.20	✓
FRONT SUSPENSION LOWER ARM (LH) <i>ist</i>	1	\$1,104.00	\$1,104.00	✓
FRONT SHOCK ABSORBER ASSY (LH) <i>ist</i>	1	\$684.40	\$684.40	✓
FRONT SHOCK ABSORBER MOUNTING (LH) <i>NH</i>	1	\$217.60	\$217.60	X
STG TIE ROD (LH) <i>ist</i>	1	\$186.40	\$186.40	✓
STG TIE END (LH) <i>ist</i>	1	\$125.20	\$125.20	✓
STABILIZER BAR ASSY <i>distorted</i>	1	\$463.70	\$463.70	X
STABILIZER BAR LINK (LH) <i>distorted</i>	1	\$68.10	\$68.10	X
ABS SENSOR <i>NH</i>	1	\$217.90	\$217.90	X
FRONT DRIVE SHAFT (LH) <i>distorted</i>	1	\$2,061.60	\$2,061.60	X
RACK & PINION ASSY <i>Distorted</i>	1	\$1,820.00	\$1,820.00	X
GEARBOX MOUNTING LH <i>NH</i>	1	\$596.10	\$596.10	X
ENGINE UNDER COVER <i>NH</i>	1	\$334.60	\$334.60	X
ENGINE CROSS MEMBER <i>distorted</i>	1	\$2,094.40	\$2,094.40	X
INTER COOLER <i>NH</i>	1	\$1,032.50	\$1,032.50	X
HOSE B TO INTER COOLER <i>NH</i>	1	\$229.70	\$229.70	X
HOSE C TO INTER COOLER INLET <i>NH</i>	1	\$294.50	\$294.50	X
WIRING-ENGINE W/ FUSE BOX <i>NH</i>	1	\$3,326.00	\$3,326.00	X
<b>SUB TOTAL</b>			<b>\$43,541.90</b>	
<b>LESS 20%</b>			<b>\$8,708.38</b>	
<b>DISCOUNTED TOTAL</b>			<b>\$34,833.52</b>	
Rear Door Comfortdelgro & Apps Sticker(LH) <i>new</i> SN	1	\$ 80.00	\$ 80.00	✓
REAR DOOR ADVERTISEMENT LOGO (LH) <i>new</i> SI SN	1	\$100.00	\$100.00	✓
ROCKER PANEL ADVERTISEMENT(LH) <i>new</i> SN	1	\$ 120.00	\$ 120.00	✓
FRONT FENDER ADVERTISEMENT LOGO <i>new</i> SN	1	\$100.00	\$100.00	✓
FRONT DOOR COLOURED COMFORT LOGO <i>new</i> SN	1	\$75.00	\$75.00	✓
FRONT DOOR ADVERTISEMENT LOGO <i>new</i> SN	1	\$100.00	\$100.00	✓
FRONT WINDSCREEN SEALANT <i>ist NH</i> SN	1	\$45.00	\$45.00	X
FRONT ERP STICKER <i>ist NH</i> SN	1	\$26.00	\$26.00	X
FRONT TYRE (LH) <i>SVC</i> SN	1	\$216.00	\$216.00	X
<b>SUB TOTAL</b>			<b>\$862.00</b>	
<b>Labour Charge</b>				
Panel Beating	1	\$1,800.00	<del>\$1,800.00</del>	1200/-
Spray Painting Charge	1	\$1,600.00	<del>\$1,600.00</del>	1000/-
Wiring Charge	1	\$160.00	<del>\$160.00</del>	30/-
Tuff Kote	1	\$160.00	<del>\$160.00</del>	40/-
Towing Charge	1	\$80.00	<del>\$80.00</del>	60/-
Transfer of Door Mechanism FRONT	1	\$80.00	<del>\$80.00</del>	70/-
Re-set Frt Power Window System	1	\$200.00	<del>\$200.00</del>	200/-
Transfer of Door Mechanism REAR	1	\$80.00	<del>\$80.00</del>	60/-
Re-set Rear Power Window System	1	\$200.00	<del>\$200.00</del>	200/-
Four Wheel Alignment	1	\$120.00	<del>\$120.00</del>	100/-
Remove/Refix Undercarriage (Frt)	1	\$400.00	<del>\$400.00</del>	150/-
Re-set Frt ABS System	1	\$200.00	<del>\$200.00</del>	200/-
Remove/Refix Radiator	1	\$90.00	<del>\$90.00</del>	200/-
Remove/Refix Aircon & Refill Gas	1	\$130.00	<del>\$130.00</del>	200/-
Remove/Refix Fuse Box	1	\$120.00	<del>\$120.00</del>	200/-
Remove/Refix Front Windscreen Glass	1	\$120.00	<del>\$120.00</del>	200/-
Remove/Refix Engine	1	\$600.00	<del>\$600.00</del>	200/-

Remove/Refix Dashboard	1	\$350.00	\$350.00
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00
<b>TOTAL LABOUR</b>			<b>\$7,040.00</b>
<b>ESTIMATE TOTAL</b>			<b>\$ 42,735.52</b>

ZHN  
150/-

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.

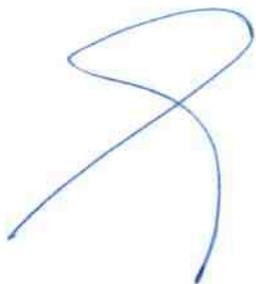
02/07/2020 @ 1700hrs

Not Author

2/Summer 10 days.

nyan

LKK Auto



Check part prices.

**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:

# BIFROST AUTO PTE LTD

## REPAIR ESTIMATE

DATE: 3-Jul-20

INSURANCE: MSIG

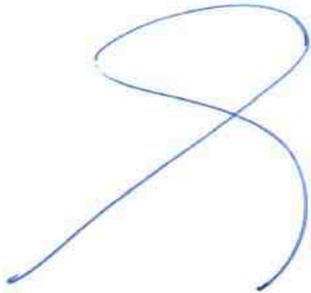
MODEL: HYUNDAI I40

VEHICLE NO.: SHA2246U ( S )

DESCRIPTION	QTY	LIST PRICE	AMOUNT
DOOR CENTRE PILLAR OUTER (LH) <i>Dent</i>	1	\$2,527.80	\$2,527.80
DOOR CENTRE PILLAR INNER <i>4x</i>	1	\$1,224.20	\$1,224.20
<b>SUB TOTAL</b>			<b>\$3,752.00</b>
<b>LESS 20%</b>			<b>\$750.40</b>
<b>DISCOUNTED TOTAL</b>			<b>\$3,001.60</b>

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.

*Iyan*  
*Lkk Auto*



## 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	01/07/2020 09:32
Date Of Accident	30/06/2020 01:20
Exact Location Of Accident	NEW BRIDGE RD X TEO HONG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2246U
<b>Insured/Policyholder</b>	
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	TAY KHYE SENG
NRIC No	SXXXX236J
Date Of Birth	19/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	31/08/1993
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96368338
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 3 05-4825 BEACH ROAD  
 Postcode 190003  
 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? 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) 2  
 Passenger 1  
 NAME: : -  
 GENDER: : FEMALE

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 POLICE STATION NAME [OTHER] ROCHOR 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 SLQ9499D  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver SIM POH WAH  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name AY KHYE SENG

Approximate Age 51

Injuries Sustain NECK,BACK

Injured person in which vehicle? SHA2246U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode





**SINGAPORE  
POLICE FORCE**



T/20200701/2003

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapor Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 3

Report No. T/20200701/2003

**CONTINUATION OF REPORT**

Driver			
Name	TAY KHYE SENG	ID No.	S6921236J
Related Vehicle	SHA2246U (Car)	Contact No.	96368338
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/06/2020	Date Discharge	30/06/2020
No. of Days granted Medical Leave	15	Degree of Injury	Slight

**Brief Details.**

On 30/06/2020, at about 0120hrs, I was fetching a passenger to Joo Chiat on my taxi(SHA2246U) when I got into an accident with this vehicle ,SLQ9499D, along New Bridge Road, at Teo Hong Road Junction. At the junction, there was a traffic light and the traffic light was in my favour to go, however, a Private Hire Vehicle came out of the junction of Teo Hong Road and hit me on the left side of my vehicle. I stopped my vehicle immediately and went down to take photos of the incident. Both parties then called for the toll truck to toll the vehicles away. I wish to state that I do not remember if any settlement was agreed on, and I also did not called for the police. I could not remember clearly what had happened.

I then went straight to the hospital after the vehicle was towed away and I was given 15 days Medical Certificate. I am lodging this report for record purposes as well for insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20200701/2003

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3

Report No: T/20200701/2003

**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: A / Sgt 2 TANG CHUEN HOW 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/07/2020 03:09
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168  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: 07.01.2020  
@ 09:00 hrs

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

