

ASSIGNMENT

COR April 202

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.

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 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: 8HD 67574 Yr Regn: 2015 April

Type: 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: 583498 T/Radio: Insured / Std / NI / NAEng/No: D4FDEU 495790C/No: KMHLB41UMFU068141Gen. 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 R 16R: 11

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

TOYO / YOKO or Blankok

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 03/07/2020 D.O.I. 07/07/2020Survey held at Sijrost Sin Ming

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

N/S Front

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

Date / Time Action / Instruction

26/8 Tokio GBK 61S
Sent Preli by meimen

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, \$ _____

Photos

Others

TOTAL

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933
Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

To: Tokio Marine Insurance Singapore Ltd
20 McCallum Street
#09-01 Tokio Marine Centre
Singapore 069046

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Jeffrey Tay

Date: 26 Aug 2020

Preliminary Advice

Insured Vehicle No	: GBK61S	Accident Date	: 03/07/2020
TP Vehicle No	: SHD6757U	Assignment Date	: 07/07/2020
Make	: HYUNDAI I40	Est. Duration of Repair	: 5
Date of Inspection	: 07/07/2020		
Inspection At	: BIFROST AUTO PTE LTD (SIN MING) (HQ) BLK 9 SECTOR C, #01-42 SIN MING INDUSTRIAL ESTATE SINGAPORE 575644		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages n/s front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	33,945.32
Revised Amount	:S\$	9,840.28
Check Items (Estimated)	:S\$	0.00
Total	:S\$	9,840.28
Lump Sum Repair	:S\$	

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (X) Other comments : The above survey was conducted on a without "prejudice" basis.

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	03/07/2020 16:55
Date Of Accident	03/07/2020 12:30
Exact Location Of Accident	COLLYER QUAY TWDS NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6757U
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	LIM BOON CHYE
NRIC No	SXXXX002B
Date Of Birth	09/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	05/04/1989
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90995027
Fax Number	
Contact Number	
Email Address	LIMBOONCHYE88@GMAIL.COM

Address	BLK 124 BEDOK RESERVOIR ROAD #09-1111
Postcode	470124
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	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)	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

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	GBK61S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMAD BIN ALI
NRIC/Passport Number	
Contact Number	83089531
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	RIGHT REAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM BOON CHYE
Approximate Age	62
Injuries Sustain	SHOULDER AND NECK PAIN
Injured person in which vehicle?	SHD6757U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.
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.

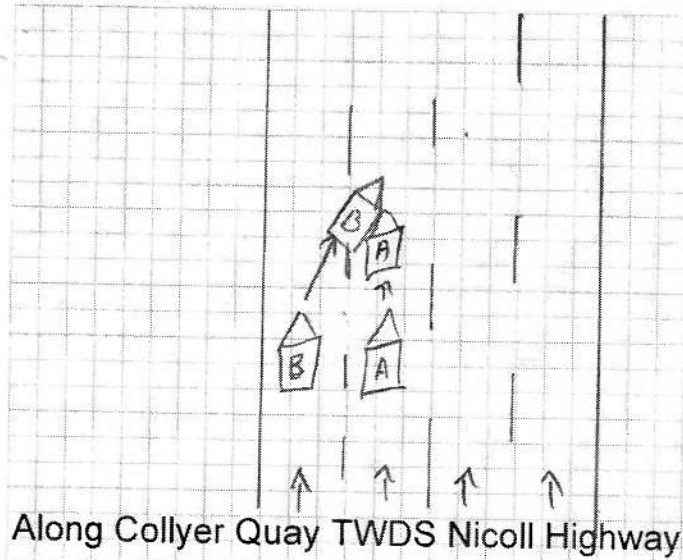
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 03.07.2020
@ 14:00 hrs


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

SKETCH PLAN



5
A - SHD 6767U
B - GBK 61S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03.07.2020 at about 12:30 hours I was travelling along Collyer Quay with
no passenger onboard.
I was travelling straight on the second lane from the left , suddenly veh B -
(GBK 61S) cut into my lane and collided into my taxi A - Front Left Portion .
As it take place too fast I could not take evasive action to prevent .
I have company video and photos at scene to support my claims .
After the accident I suffered pain at my shoulder and neck area will consult doctor
later on .
Veh B (GBK 61S) - Mr Muhamad Bin Ali H/P : 8308 9531

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COASTAL TRANSPORTATION PTE LTD

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 03.07.2020
@ 14:00 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 6-Jul-20

MODEL: HYUNDAI I40

INSURANCE: Tokio Marine

VEHICLE NO.: SHD6757U

DESCRIPTION	QTY	LIST PRICE	AMOUNT
ROCKER PANEL OUTER GARNISH (LH) <i>NH</i>	1	\$732.80	\$732.80
BONNET <i>ent</i>	1	\$2,265.90	\$2,265.90
BONNET RUBBER (LH) <i>NH</i>	1	\$35.70	\$35.70
BONNET RUBBER (RH) <i>NH</i>	1	\$35.70	\$35.70
BONNET HINGE (LH/RH) <i>NH</i>	2	\$126.70	\$253.40
BONNET LOCK <i>NH</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
RADIATOR GRILLE H EMBLEM <i>NH</i>	1	\$129.50	\$129.50
RADIATOR GRILLE <i>NH</i>	1	\$1,480.00	\$1,480.00
FRONT BUMPER COVER <i>ent mounting broken</i>	1	\$1,052.20	\$1,052.20
FRONT BUMPER GRILLE (LH) <i>ent</i>	1	\$149.20	\$149.20
FRONT BUMPER BRACKET TOP (LH/RH) <i>NH</i>	2	\$44.80	\$89.60
FRONT BUMPER BRACKET (LH/RH) <i>src</i>	2	\$49.20	\$98.40
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>broken photo</i>	1	\$907.40	\$907.40
HEADLAMP (LH) <i>mounting broken</i>	1	\$2,776.00	\$2,776.00
HEADLAMP SUPPORT TOP COVER <i>NH</i>	1	\$222.60	\$222.60
RADIATOR <i>NH</i>	1	\$1,637.20	\$1,637.20
RADIATOR GUARD (LH) <i>NH</i>	1	\$76.50	\$76.50
COOLANT <i>NH</i>	1	\$ 45.00	\$ 45.00
RADIATOR FAN BLADE, COWLING, MOTOR ASSY <i>NH</i>	1	\$1,194.20	\$1,194.20
FRONT FENDER (LH) <i>Deudu</i>	1	\$566.30	\$566.30
FRONT FENDER APRON PANEL (LH) <i>Deudu photo</i>	1	\$637.00	\$637.00
FRONT FENDER SHIELD (LH) <i>src</i>	1	\$174.90	\$174.90
AIRCON CONDENSER <i>NH</i>	1	\$947.80	\$947.80
FRONT DOOR MIRROR SIDE GARNISH <i>NH</i>	1	\$225.00	\$225.00
FRONT DOOR MIRROR (LH) <i>NH</i>	1	\$670.00	\$670.00
FRONT DOOR (LH) <i>Deudu</i>	1	\$2,256.40	\$2,256.40
FRONT DOOR RUBBER <i>NH</i>	1	\$196.00	\$196.00
FRONT DOOR HINGE UPPER (LH) <i>NH</i>	1	\$113.60	\$113.60
FRONT DOOR HINGE LOWER (LH) <i>NH</i>	1	\$125.70	\$125.70
FRONT DOOR CHECK (LH) <i>NH</i>	1	\$91.80	\$91.80
FRONT WHEEL RIM (LH) <i>NH</i>	1	\$650.60	\$650.60
KNUCKLE ARM (LH) <i>NH</i>	1	\$595.90	\$595.90
FRONT WHEEL BEARING HUB ASSY (LH) <i>NH</i>	1	\$673.20	\$673.20
FRONT SUSPENSION LOWER ARM (LH) <i>NH</i>	1	\$1,104.00	\$1,104.00
FRONT SHOCK ABSORBER ASSY (LH) <i>NH</i>	1	\$684.40	\$684.40
FRONT SHOCK ABSORBER MOUNTING (LH) <i>NH</i>	1	\$217.60	\$217.60
STG TIE ROD (LH) <i>NH</i>	1	\$186.40	\$186.40

STG TIE END (LH) <i>HN</i>		1	\$125.20	\$125.20	X
STABILIZER BAR ASSY <i>HN</i>		1	\$463.70	\$463.70	X
STABILIZER BAR LINK (LH) <i>HN</i>		1	\$68.10	\$68.10	X
ABS SENSOR <i>HN</i>		1	\$217.90	\$217.90	X
FRONT DRIVE SHAFT (LH) <i>HN</i>		1	\$2,061.60	\$2,061.60	X
RACK & PINION ASSY <i>HN</i>		1	\$1,820.00	\$1,820.00	X
INTER COOLER <i>HN</i>		1	\$1,032.50	\$1,032.50	X
HOSE B TO INTER COOLER <i>HN</i>		1	\$229.70	\$229.70	X
HOSE C TO INTER COOLER INLET <i>HN</i>		1	\$294.50	\$294.50	X
WIRING-ENGINE W/ FUSE BOX <i>HN</i>		1	\$3,326.00	\$3,326.00	X
SUB TOTAL				\$33,592.90	
LESS 20%				\$6,718.58	
DISCOUNTED TOTAL				\$26,874.32	
ROCKER PANEL ADVERTISEMENT (LH) <i>SLC</i>	SN	1	\$ 120.00	\$ 120.00	X
FRONT FENDER ADVERTISEMENT LOGO <i>HN</i>	SN	1	\$100.00	\$100.00	✓
FRONT DOOR COLOURED COMFORT LOGO <i>HN</i>	SN	1	\$75.00	\$75.00	✓
FRONT DOOR ADVERTISEMENT LOGO <i>HN</i>	SN	1	\$100.00	\$100.00	✓
FRONT TYRE (LH) <i>SLC</i>	SN	1	\$216.00	\$216.00	X
SUB TOTAL				\$611.00	
Labour Charge					
Panel Beating		1	\$1,600.00	\$1,600.00	700
Spray Painting Charge		1	\$1,400.00	\$1,400.00	700
Wiring Charge		1	\$160.00	\$160.00	300
Tuff Kote		1	\$160.00	\$160.00	400
Towing Charge		1	\$80.00	\$80.00	HN
Transfer of Door Mechanism FRONT		1	\$80.00	\$80.00	600
Re-set Frt Power Window System		1	\$200.00	\$200.00	HN
Four Wheel Alignment		1	\$120.00	\$120.00	HN
Remove/Refix Undercarriage (Frt)		1	\$400.00	\$400.00	HN
Re-set Frt ABS System		1	\$200.00	\$200.00	HN
Remove/Refix Radiator		1	\$90.00	\$90.00	HN
Remove/Refix Aircon & Refill Gas		1	\$130.00	\$130.00	HN
Remove/Refix Fuse Box		1	\$120.00	\$120.00	HN
Remove/Refix Engine		1	\$600.00	\$600.00	HN
Remove/Refix Dashboard		1	\$350.00	\$350.00	HN
Front Chassis Alignment Charge		1	\$220.00	\$220.00	HN
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00	HN
TOTAL LABOUR				\$6,460.00	
ESTIMATE TOTAL				\$ 33,945.32	
<p>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.</p>					

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
- Supply of consumables is allowed
- Subject to final approval from insurance company

*Supplies of consumables is allowed

Acknowledged by Repairer
Signature: *Reza Lint*
Date:

07/07/2025 @ 1700hrs
H/A Abdul
L/Sun 5 days.
Nyan

LKK Auto

Pls provide Book Value.