

ASSIGNMENT

COR Nov 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: 97 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: SHD 72043 Yr Regn: Nov / 2016
 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: 440508 T/Radio: Insured / Std / NI / NA
 Eng/No: D4FDGU690453
 C/No: KMHLB41UMHU096466
 Gen. 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 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. 31/07/2020 D.O.A. 04/08/2020
 Survey held at Bijest Sin Ming
 Des. of Damages: Fri / 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

MSIG GBH 1923P

28/10/2020 From 1/12,000/- to 9 days 7 hrs

RED: 18543.52;60%

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to?

1)

2)

Report Format :

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

Days Of Repair: 9

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S+RS, SI

Photos

Others

TOTAL

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 3-Aug-20

INSURANCE: MSIG

MODEL: HYUNDAI I40

VEHICLE NO.: SHD7204S

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BONNET <i>St</i> <i>Revised</i>	1	\$2,265.90	\$2,265.90
BONNET RUBBER (LH) <i>HH</i>	1	\$35.70	\$35.70
BONNET HINGE (LH/RH) <i>HH</i>	2	\$126.70	\$253.40
BONNET ABSORBER (LH ONLY) <i>HH</i>	1	\$61.60	\$61.60
BONNET INSULATOR <i>HH</i>	1	\$202.50	\$202.50
BONNET SEAL <i>HH</i>	1	\$31.90	\$31.90
BONNET INSULATOR CLIPS <i>HH</i>	1	\$15.00	\$15.00
BONNET CABLE <i>HH</i>	1	\$69.60	\$69.60
FRONT BUMPER COVER <i>Revised</i>	1	\$1,052.20	\$1,052.20
FRONT BUMPER SPONGE <i>HH</i>	1	\$379.20	\$379.20
FRONT BUMPER REINFORCEMENT <i>HH</i>	1	\$588.40	\$588.40
FRONT BUMPER GRILLE (LH) <i>distorted</i> <i>distorted</i>	1	\$149.20	\$149.20
FRONT BUMPER BRACKET TOP (LH/RH) <i>HH</i>	2	\$44.80	\$89.60
FRONT BUMPER BRACKET (LH/RH) <i>O/S HH n/s broken</i>	2	<i>24.60</i> \$49.20	<i>\$98.40</i>
FRONT BUMPER RETAINER MOUNTING <i>HH</i>	1	\$76.20	\$76.20
FRONT BUMPER GRILLE AIR DUCT (LH) <i>HH</i>	1	\$126.20	\$126.20
HEADLAMP SUPPORT PANEL ASSY <i>broken</i>	1	\$907.40	\$907.40
HEADLAMP (LH) <i>broken</i>	1	<i>1388.00</i> \$2,776.00	<i>\$2,776.00</i>
HEADLAMP SUPPORT TOP COVER <i>HH</i>	1	\$222.60	\$222.60
RADIATOR <i>HH</i>	1	\$1,637.20	\$1,637.20
RADIATOR GUARD (LH) <i>HH</i>	1	\$76.50	\$76.50
COOLANT <i>HH</i>	1	\$ 45.00	\$ 45.00
RADIATOR FAN BLADE, COWLING, MOTOR ASSY <i>HH</i>	1	\$1,194.20	\$1,194.20
RADIATOR EXPANSION TANK <i>HH</i>	1	\$163.80	\$163.80
FRONT FENDER (LH) <i>Bnc</i>	1	\$566.30	\$566.30
FRONT FENDER APRON PANEL (LH) <i>Revised</i>	1	\$637.00	\$637.00
FRONT FENDER SHIELD (LH) <i>distorted</i> <i>horn</i>	1	\$174.90	\$174.90
AIRCON CONDENSER <i>HH</i>	1	\$947.80	\$947.80
FRONT DOOR MIRROR SIDE GARNISH <i>HH</i>	1	\$225.00	\$225.00
FRONT DOOR MIRROR (LH) <i>broken</i>	1	\$670.00	\$670.00
ROCKER PANEL OUTER GARNISH (LH) <i>bst</i>	1	\$732.80	\$732.80
ROCKER PANEL OUTER <i>HH</i>	1	\$1,380.50	\$1,380.50
FRONT WHEEL CAP (LH) <i>bst</i>	107-101	\$289.80	\$289.80
FRONT WHEEL RIM (LH) <i>bst</i>	325-301	\$650.60	\$650.60
KNUCKLE ARM (LH) <i>St Dam</i>	552-001	\$595.90	\$595.90
FRONT WHEEL BEARING HUB ASSY (LH) <i>St Dam</i>	540-501	\$673.20	\$673.20
FRONT SUSPENSION LOWER ARM (LH) <i>St</i>	529-301	\$1,104.00	\$1,104.00
FRONT SHOCK ABSORBER ASSY (LH) <i>St</i>	342-201	\$684.40	\$684.40
FRONT SHOCK ABSORBER MOUNTING (LH) <i>HH</i>	1	\$217.60	\$217.60
STG TIE ROD (LH) <i>St distorted</i>	1	\$186.40	\$186.40
STG TIE END (LH) <i>St distorted</i>	1	\$125.20	\$125.20
STABILIZER BAR ASSY <i>HH</i>	1	\$463.70	\$463.70
STABILIZER BAR LINK (LH) <i>HH</i>	1	\$68.10	\$68.10

ABS SENSOR <i>HN</i>		1	\$217.90	\$217.90	<i>X</i>
FRONT DRIVE SHAFT (LH) <i>2 Dem 1030.80</i>		1	\$2,061.60	\$2,061.60	<i>2✓</i>
RACK & PINION ASSY <i>2 Dem 969.60</i>		1	\$1,820.00	\$1,820.00	<i>2✓</i>
FRONT CHASSIS MEMBER (LH) <i>2 HN</i>		1	\$1,060.70	\$1,060.70	<i>X</i>
BRAKE CALIPER (LH) <i>HN</i>		1	\$564.30	\$564.30	<i>X</i>
INTER COOLER <i>HN</i>		1	\$1,032.50	\$1,032.50	<i>X</i>
	<i>13276.70</i>				
SUB TOTAL				\$29,667.90	
LESS 20%	<i>10621.36</i>			\$5,933.58	
DISCOUNTED TOTAL				\$23,734.32	
FRONT TYRE (LH) <i>punctured 50%</i>	SN	1	\$216.00	\$216.00	<i>108.00</i>
SUB TOTAL	<i>108.00</i>			\$216.00	
Labour Charge					
Panel Beating		1	\$1,400.00	\$1,400.00	<i>900/-</i>
Spray Painting Charge		1	\$1,200.00	\$1,200.00	<i>800/-</i>
Wiring Charge		1	\$160.00	\$160.00	<i>30/-</i>
Tuff Kote		1	\$140.00	\$140.00	<i>40/-</i>
Towing Charge		1	\$80.00	\$80.00	<i>44</i>
Four Wheel Alignment	<i>2130.00</i>	1	\$120.00	\$120.00	<i>60/-</i>
Remove/Refix Undercarriage (Frt)		1	\$400.00	\$400.00	<i>150/-</i>
Remove/Refix Radiator		1	\$90.00	\$90.00	<i>44</i>
Remove/Refix Aircon & Refill Gas		1	\$130.00	\$130.00	<i>44</i>
Remove/Refix Fuse Box		1	\$120.00	\$120.00	<i>44</i>
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00	<i>150/-</i>
TOTAL LABOUR				\$4,390.00	
ESTIMATE TOTAL				\$ 28,340.32	
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.					

04/08/2020 @ 1045hrs

Not Antenna
2/5mm *9 days.*

yan

2KK Auto

8

12859.36
Supp 2203.20
15062.56
l/s 12000/-

30,543.52

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: 4-Aug-20

MODEL: HYUNDAI I40

VEHICLE NO.: SHD7204S (S)

INSURANCE: MSIG

DESCRIPTION	QTY	LIST PRICE	AMOUNT
AIR CLEANER BOTTOM ASSY <i>broken</i>	1	\$325.00	\$325.00
ENGINE UNDER COVER <i>form</i>	1	\$334.60	\$334.60
ENGINE CROSS MEMBER <i>st</i>	1	\$2,094.40	\$2,094.40
SUB TOTAL			\$2,754.00
LESS 20%			\$550.80
DISCOUNTED TOTAL			\$2,203.20

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.

Ryan

2 Kk Auto 07/08/2020

[Signature]

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	01/08/2020 12:36
Date Of Accident	31/07/2020 13:10
Exact Location Of Accident	ANG MO KIO ST 31 TWDS ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7204S
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	YAP PAU FA
NRIC No	SXXXX070I
Date Of Birth	30/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2003
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90700183
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BK 468 TAMPINES ST 44 #04-176
Postcode	520468
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20200731/2060

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	GBH1923P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VIGNAESWARAN S/O BALAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	FRT RIGHT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YAP PAU FA
Approximate Age	63
Injuries Sustain	BACK PAIN, ON 5 DAYS MC.
Injured person in which vehicle?	SHD7204S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



**SINGAPORE
POLICE FORCE**



T/20200731/2060

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 4

Report No. T/20200731/2060

CONTINUATION OF REPORT

Driver			
Name	VIGNAESWARAN S/O BALAN	ID No.	S7903077E
Related Vehicle	GBH1923P (Van)	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
Driver			
Name	YAP PAU FA	ID No.	S2506070I
Related Vehicle	SHD7204S (TAXI)	Contact No.	90700183
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/07/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 31/07/2020 @ around 1330hrs, I picked up a family of 4 at Blk 456 Yishun St 41 and was supposed to drop them off at Block 351 Ang Mo Kio St 41.

As I was travelling straight on the 1st lane of Ang Mo Kio St 31, towards Ang Mo Kio Ave 3 on my taxi (SHD 7204S). When I was moving straight, the road ahead was clear. I continued travelling straight when suddenly a white verminator van(GBH1923P) that was parked stationary on the 2nd lane suddenly swerved outwards towards the 1st lane without any signals or notice. As this is too sudden, I quickly applied my brakes but I did not manage to stop my vehicle in time and our vehicles collided. My taxi's front left side bumper was dislodged as a result of the collision. The van's side was also scratched and dented due to the collision.

Upon the collision, we both got out of the vehicle and checked on each other. The other party actually admitted that he was in the fault that he did not check before moving out into another lane and told me to claim the insurance from his company - verminator. We exchanged photos of our NRIC, but I did not take his number.

I wish to state although I have no In-car Camera, my passengers have suggested that they are willing to step up to be witnesses if needed. No police or ambulance attended to scene.

I have also went to seek doctor's checkup as I suffered some bruises on my right elbow and right knee at Our Physician Clinic and Surgery. MC No: OD-TP0000030069



**SINGAPORE
POLICE FORCE**



T/20200731/2060

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Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20200731/2060

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200731/2060

4 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200731/2060

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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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:

G /

Sgt 2 KOH WEE SIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AET /

Contact No.:

SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

31/07/2020 16:07

Classification Of Case:

SKETCH PLAN

A - SHD 7204S
B - GBH 1923P



Along Ang Mo Kio Street 31 TWDS Ang Mo Kio Ave 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20200731/2060

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: 01.08.2020
@ 11:00 hrs

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