

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

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 Dent</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>Dent</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>detached</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>OS HH N/S broken</i>	2	\$49.20	\$98.40
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	\$2,776.00	\$2,776.00
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>Buc</i>	1	\$566.30	\$566.30
FRONT FENDER APRON PANEL (LH) <i>Dent</i>	1	\$637.00	\$637.00
FRONT FENDER SHIELD (LH) <i>detached</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>is it</i>	1	\$732.80	\$732.80
ROCKER PANEL OUTER <i>HH</i>	1	\$1,380.50	\$1,380.50
FRONT WHEEL CAP (LH) <i>is it</i>	1	\$289.80	\$289.80
FRONT WHEEL RIM (LH) <i>is it</i>	1	\$650.60	\$650.60
KNUCKLE ARM (LH) <i>is it</i>	1	\$595.90	\$595.90
FRONT WHEEL BEARING HUB ASSY (LH) <i>is it</i>	1	\$673.20	\$673.20
FRONT SUSPENSION LOWER ARM (LH) <i>is it</i>	1	\$1,104.00	\$1,104.00
FRONT SHOCK ABSORBER ASSY (LH) <i>is it</i>	1	\$684.40	\$684.40
FRONT SHOCK ABSORBER MOUNTING (LH) <i>HH</i>	1	\$217.60	\$217.60
STG TIE ROD (LH) <i>is it</i>	1	\$186.40	\$186.40
STG TIE END (LH) <i>is it</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>HW</i>	1	\$217.90	\$217.90	X
FRONT DRIVE SHAFT (LH) <i>2 Dam</i>	1	\$2,061.60	\$2,061.60	2✓
RACK & PINION ASSY <i>2 Dam</i>	1	\$1,820.00	\$1,820.00	2✓
FRONT CHASSIS MEMBER (LH) <i>2 Dam HW</i>	1	\$1,060.70	\$1,060.70	X
BRAKE CALIPER (LH) <i>HW</i>	1	\$564.30	\$564.30	X
INTER COOLER <i>HW</i>	1	\$1,032.50	\$1,032.50	X
SUB TOTAL			\$29,667.90	
LESS 20%			\$5,933.58	
DISCOUNTED TOTAL			\$23,734.32	
FRONT TYRE (LH) <i>Punctured 50%</i> SN	1	\$216.00	\$216.00	108.00
SUB TOTAL			\$216.00	
Labour Charge				
Panel Beating	1	\$1,400.00	\$1,400.00	900/-
Spray Painting Charge	1	\$1,200.00	\$1,200.00	800/-
Wiring Charge	1	\$160.00	\$160.00	30/-
Tuff Kote	1	\$140.00	\$140.00	40/-
Towing Charge	1	\$80.00	\$80.00	44
Four Wheel Alignment	1	\$120.00	\$120.00	60/-
Remove/Refix Undercarriage (Frt)	1	\$400.00	\$400.00	150/-
Remove/Refix Radiator	1	\$90.00	\$90.00	44
Remove/Refix Aircon & Refill Gas	1	\$130.00	\$130.00	44
Remove/Refix Fuse Box	1	\$120.00	\$120.00	44
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00	150/-
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 Author

2/5mm 7 days.

1 year

LKK Auto

(Signature)

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

INSURANCE: MSIG

MODEL: HYUNDAI I40

VEHICLE NO.: SHD7204S (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
AIR CLEANER BOTTOM ASSY <i>broken</i>	1	\$325.00	\$325.00
ENGINE UNDER COVER <i>for</i>	1	\$334.60	\$334.60
ENGINE CROSS MEMBER <i>ist</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

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Report No. T/20200731/2060

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2020 16:07		Vide Report No.:		Station Diary No.: 57	
Informant's Particulars					
Name of Informant: YAP PAU FA			Address: APT BLK 468 TAMPINES STREET 44 #04-176 SINGAPORE 520468		
ID Type / ID No.: NRIC NO / S25060701			Contact No.: Home/Office: Mobile: 90700183		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 30/09/1956	Type of Informant: TAXI		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/07/2020 13:10	Type of Location: Straight Road
Location: ANG MO KIO STREET 31 Ang Mo Kio St 31 towards Ang Mo Kio Ave 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH1923P	Van			White	Slightly Damaged	1
SHD7204S	TAXI			Blue	Slightly Damaged	4

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200731/2060

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

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Report No. T/20200731/2060

CONTINUATION OF REPORT

Drive			
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

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Report No. T/20200731/2060

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

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 Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/07/2020 16:07
Officer In Charge Of Case: TP / AEN /	Classification Of Case:
Contact No.:	

Authentication Stamp
NP168

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: 01.08.2020
@ 11:00 hrs


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

A - SHD 7204S
B - GBH 1923P

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

Along Ang Mo Kio Street 31 TWDS Ang Mo Kio Ave 3
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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

@ 11:00 hrs