

## ASSIGNMENT

COE Dec 2027

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
---	----

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: 7/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHD 6528P Yr Regn: Dec 2019Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 69704 T/Radio: Insured / Std / NI / NAEng/No: 2ZR2G04014C/No: JTDK B3FU403090315

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: 195/65 R 15R: 11

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

TOYO / YOKO or Westlake

Front Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 13/08/2020 08/08/2020Survey held at S. Frost Sun 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

MSG YN 6897U

Date/Time, File Pass to?

☐  
☐

: Preli. Report

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:

☐  
☐  
☐  
☐

: Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

S + RG \$

Photos

Others

TOTAL

Report Format: \_\_\_\_\_

Lump Sum / I.B.H. (\$) \_\_\_\_\_

## 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	11/08/2020 10:07
Date Of Accident	08/08/2020 12:20
Exact Location Of Accident	ALONG WOODGROVE AVE X WOODHAVEN DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6528P
<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	TOYOTA
Model	PRIUS
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	TIONG OON CHUONG
NRIC No	SXXXX960E
Date Of Birth	24/02/1956
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1974
Driving Experience	46 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98411085
Fax Number	
Contact Number	
Email Address	OONCHUONGTIONG2402@YAHOO.COM

Address	BLK 113 WHAMPOA ROAD #10-87
Postcode	320113
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?	NO
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE

#### 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	YN6897U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG XIANSHENG
NRIC/Passport Number	

Contact Number	91305426
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RIGHT FRT
No. Of Passenger (Including Driver)	

## IMPORTANT NOTICE


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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.
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)
  - (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, investigation, 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:

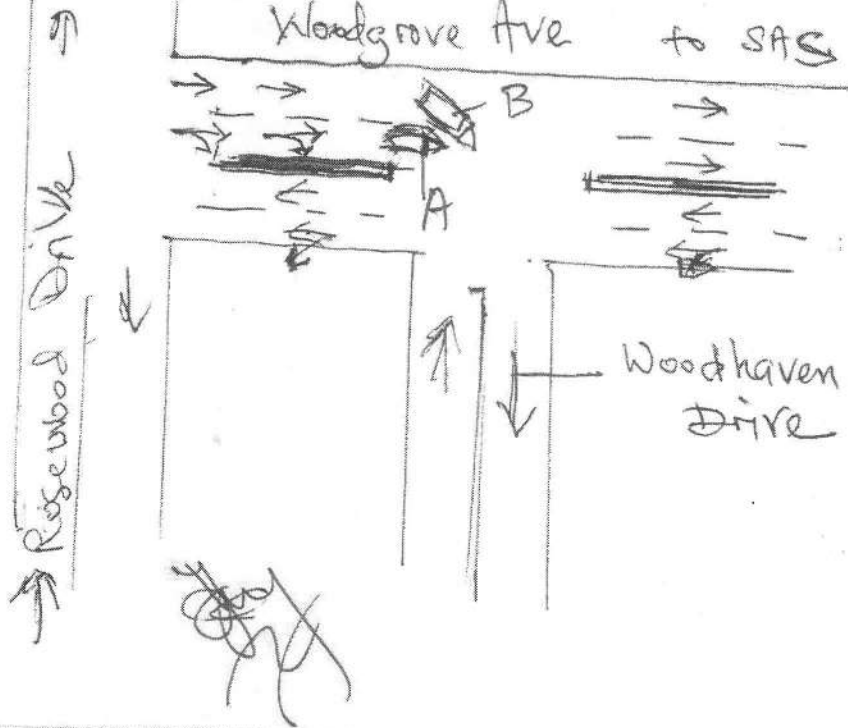
  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

 11/3/2020  
Reporting Centre Personnel's Signature  
Name: Yong Leong Teck  
NRIC/FIN No.:

**SKETCH PLAN**

A: S4D 6528P

B: YN 6897H



**DESCRIBE CIRCUMSTANCES OF THE**

Please See attached :-

**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:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*Handwritten signature: Heng Leong Teo*  
*Handwritten date: 11/08/2020*

On 8/8/2020 @ 12.20 pm, my taxi was travelling along Woodgrove Avenue toward Singapore American School. Vehicle YN 6897 U suddenly made a right turn from left of my taxi. The sudden sway into my path caused damaged to my taxi left side mirror and front left side of taxi. Have a lady passenger with 2 kids on board. No injuries at time of accident. Passengers make way home on their own.

 98411085  
11/8/20



Phone Number:

Fax Number:

Customer:		Date:	13/8/2020 5:27 PM
Company:		VIN	
License NO:	SHD6528P	Technician:	
Odometer:		Order NO:	

**VEHICLE ALIGNMENT REPORT**

TOYOTA, PRIUS CDGE ZVW50R-AHXEBW, 18-18 (Customized)

Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	6°22' *	6°35'	8°05'	5°26' *
		Right	6°26' *	6°35'	8°05'	6°33' *
	Camber	Left	-0°28'	-0°55'	0°35'	-3°48' *
		Right	-0°35'	-0°55'	0°35'	-0°40'
	Toe	Left	0°17' *	-0°03'	0°08'	0°28' *
		Right	-0°10' *	-0°03'	0°08'	-0°01'
Total		0°07'	-0°06'	0°17'	0°27' *	
Rear	Camber	Left	-1°19'	-2°00'	-0°30'	-1°08'
		Right	-1°43'	-2°00'	-0°30'	-1°43'
	Toe	Left	0°02' *	0°02'	0°14'	0°02' *
		Right	0°12'	0°02'	0°14'	0°06'
		Total	0°14'	0°05'	0°27'	0°08'
	Thrust Angle		0°05'	0°15'		0°02'
Secondary Angles			Initial	Specifications		Final
				Min.	Max.	
SAI		Left	13°33'	----	----	13°33'
		Right	13°45'	----	----	13°45'
Included Angle		Left	13°05' *	99°59'	99°59'	9°45' *
		Right	13°10' *	99°59'	99°59'	13°05' *
Toe Out On Turns		Left	----	99°59'	99°59'	----
		Right	----	99°59'	99°59'	----
Max Turn Inside		Left	----	99°59'	99°59'	----
		Right	----	99°59'	99°59'	----
Toe Curve Change		Left	----	0°00'	199°59'	----
		Right	----	0°00'	199°59'	----
Setback		Front	-0.21" *	99.99"	99.99"	-0.21" *
		Rear	-0.43" *	99.99"	99.99"	-0.43" *
Track Width Diff.			0.25"			0.25"
Wheel Base Diff.			0.22"			0.22"
Front Ride Height		Left	----	99.99"	99.99"	----
		Right	----	99.99"	99.99"	----
Rear Ride Height		Left	----	99.99"	99.99"	----
		Right	----	99.99"	99.99"	----
Frame Angle						----



# BIFROST AUTO PTE LTD

## REPAIR ESTIMATE

DATE: 11-Aug-20

MODEL: TOYOTA PRIUS *New Model*

INSURANCE: *MSIG*

VEHICLE NO.: SHD6528P

DESCRIPTION	QTY	LIST PRICE	AMOUNT	
FRONT BUMPER COVER <i>kt cut</i>	1	\$ 705.61	\$ 705.61	✓
LAMP ASSY, FOG, LH <i>HH</i>	1	\$ 1,298.58	\$ 1,298.58	X
FRONT BUMPER CLIPS <i>Hec</i>	1	\$ 31.05	\$ 31.05	✓
FRONT BUMPER SIDE RETAINER <i>SVZ</i>	1	\$ 108.69	\$ 108.69	X
FRONT LOWER CROSSMEMBER <i>HH</i>	1	\$ 504.89	\$ 504.89	X
FRONT BUMPER TOP GARNISH <i>HH</i>	1	\$ 318.15	\$ 318.15	X
ABSORBER, FRONT BUMPER, LOWER <i>HH</i>	1	\$ 180.25	\$ 180.25	X
UNIT ASSY, HEADLAMP, LH (LED) <i>mounty cracks</i>	1	\$ 4,876.73	\$ 4,876.73	✓
HEAD LAMP PANEL (LH) <i>HH</i>	1	\$ 338.90	\$ 338.90	X
TOP PANEL SIDE <i>HH</i>	1	\$ 205.94	\$ 205.94	X
FENDER SUB-ASSY, FRONT LH <i>Dental</i>	1	\$ 1,334.29	\$ 1,334.29	✓
FRONT FENDER SHIELD <i>2 kt 100mm</i>	1	\$ 280.18	\$ 280.18	✓
FRONT FENDER SHIELD CLIP <i>2 Hec</i>	1	\$ 21.03	\$ 21.03	✓
FRONT FENDER HYBRID EMBLEM, LH <i>Hec</i>	1	\$ 122.09	\$ 122.09	✓
FRONT WHEEL RIM <i>HH</i>	1	\$ 2,216.83	\$ 2,216.83	X
FRONT WHEEL HUB CAP <i>cut</i>	1	\$ 248.14	\$ 248.14	✓
FRONT WHEEL HUB BEARING <i>Dental</i>	1	\$ 790.36	\$ 790.36	✓
FRONT SUSPENSION LOWER ARM (LH) <i>distorted</i>	1	\$ 891.93	\$ 891.93	✓
FRONT SHOCK ABSORBER (LH) <i>distorted</i>	1	\$ 562.06	\$ 562.06	✓
ABSORBER TOP MOUNTING <i>HH</i>	1	\$ 276.94	\$ 276.94	X
FRONT DRIVE SHAFT (LH) <i>HH</i>	1	\$ 2,489.89	\$ 2,489.89	X
RACK & PINION ASSY <i>HH</i>	1	\$ 2,288.46	\$ 2,288.46	X
BAR, STABILIZER <i>HH</i>	1	\$ 497.41	\$ 497.41	X
LINK ASSY, FRONT STABILIZER, LH <i>HH</i>	1	\$ 277.78	\$ 277.78	X
KNUCKLE, STEERING, LH <i>distorted</i>	1	\$ 819.80	\$ 819.80	✓
JOINT ASSY, LOWER BALL, FRONT (LH) <i>kt 1st</i>	1	\$ 282.27	\$ 282.27	X
DISC, FRONT <i>HH</i>	1	\$ 593.78	\$ 593.78	X
END SUB-ASSY, TIE ROD, LH <i>kt distorted</i>	1	\$ 224.85	\$ 224.85	✓
SENSOR, SPEED, FRONT LH <i>HH</i>	1	\$ 630.23	\$ 630.23	X
FRONT CHASSIS MEMBER (LH) <i>HH</i>	1	\$ 2,838.24	\$ 2,838.24	X
<b>SUB TOTAL</b>			<b>\$ 26,255.37</b>	
<b>LESS 20%</b>			<b>\$ 5,251.07</b>	
<b>DISCOUNTED TOTAL</b>			<b>\$ 21,004.29</b>	
FRONT TYRE (RH) <i>HH</i> SN	1	\$ 304.88	\$ 304.88	X
<b>SUB TOTAL</b>			<b>\$ 304.88</b>	
<b>Labour Charge</b>				
Panel Beating	1	\$1,200.00	\$ 1,200.00	500/-

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
Four Wheel Alignment	1	\$120.00	\$ 120.00
Remove/Refix Undercarriage (Frt)	1	\$400.00	\$ 400.00
Re-set Frt ABS System	1	\$200.00	\$ 200.00
Front Chassis Alignment Charge	1	\$220.00	\$ 220.00
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$ 550.00
<b>TOTAL LABOUR</b>			<b>\$ 4,050.00</b>
<b>ESTIMATE TOTAL</b>			<b>\$ 25,359.18</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.

13/08/2020 @ 1730hrs

Not Authorised

P/Part

5 days.

*(Signature)*

LKK Auto

Photo with

damaged part  
after repair.

*(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: