

SS. REC. BY:

CS/MSG 20009343/Dtj 3

ASSIGNMENT

COE 2024 May

Yr Regn: 2016, May

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. _____

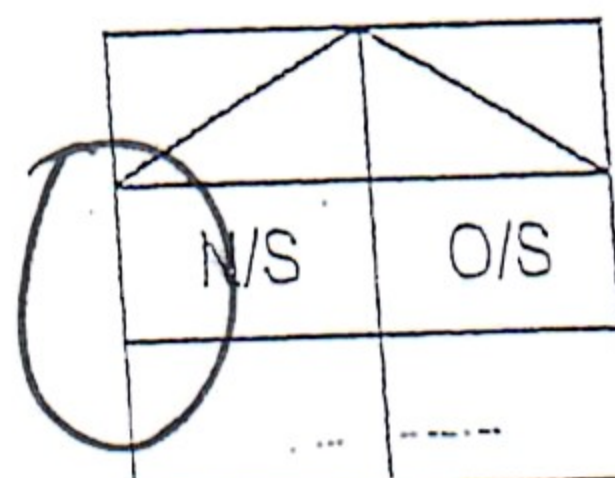
Claims No. _____

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: 68 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 8141M

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: 716873 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDFU501881

C/No: KMHLB41UMGU089756

Gen. Cond: Good / Fair / Poor / BurntSteering: 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: _____

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

TOYO / YOKO or Hankook

Front Rear

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mm

D.O.A. 01/09/2020 D.O.I. 03/09/2020

Survey held at Boonst Sin Ming

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

N/S Body

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

Date / Time Action / Instruction

MSG SJY8405M

08/04/2021 7pm H/S 8900/- with 6 days 2 days

(Red: 7527.64, 45%)

Date/Time, File Pass to?



1)

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee:



Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / LBI: (\$ 8900/-)

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	01/09/2020 16:31
Date Of Accident	01/09/2020 13:00
Exact Location Of Accident	SLIP RD FROM PIE AT T JUNCTION WITH CIRCUIT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8141M
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	KHOO CHAU HWANG WINGO
NRIC No	SXXXX827J
Date Of Birth	02/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2012
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96914454
Fax Number	
Contact Number	
Email Address	BANDITKHOO@YAHOO.COM.SG

Address	BLK 533 WOODLANDS DRIVE 14 #12-577
Postcode	730533
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 - HEAD ON COLLISION
Weather Conditions	RAINING
Road Surface	WET

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 / Type Of Accident : HEAD TO SIDE

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	SJY8405M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW HAN ZHONG
NRIC/Passport Number	
Contact Number	91462572
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KHOO CHAU HWANG WINGO
Approximate Age	50
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SHC8141M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

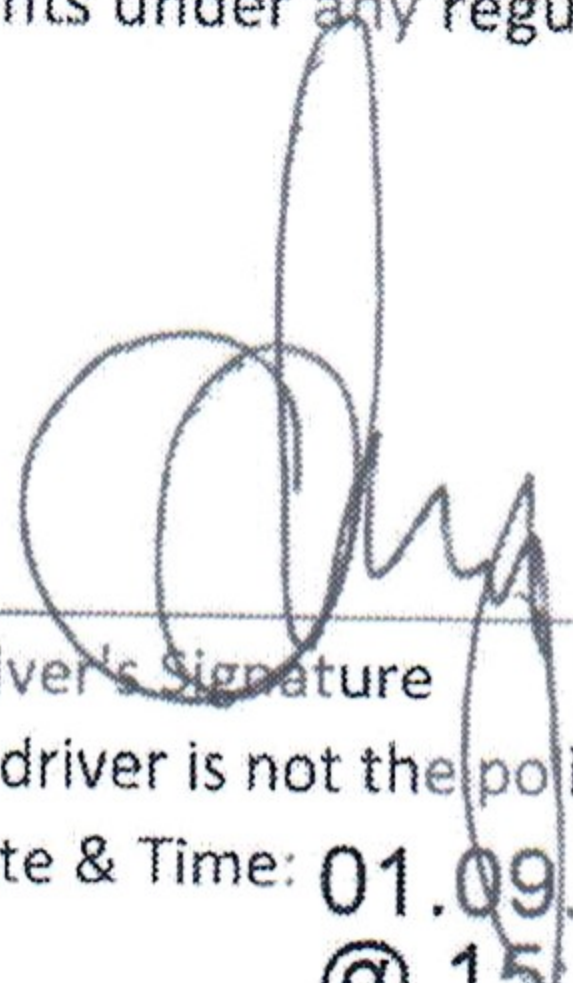
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

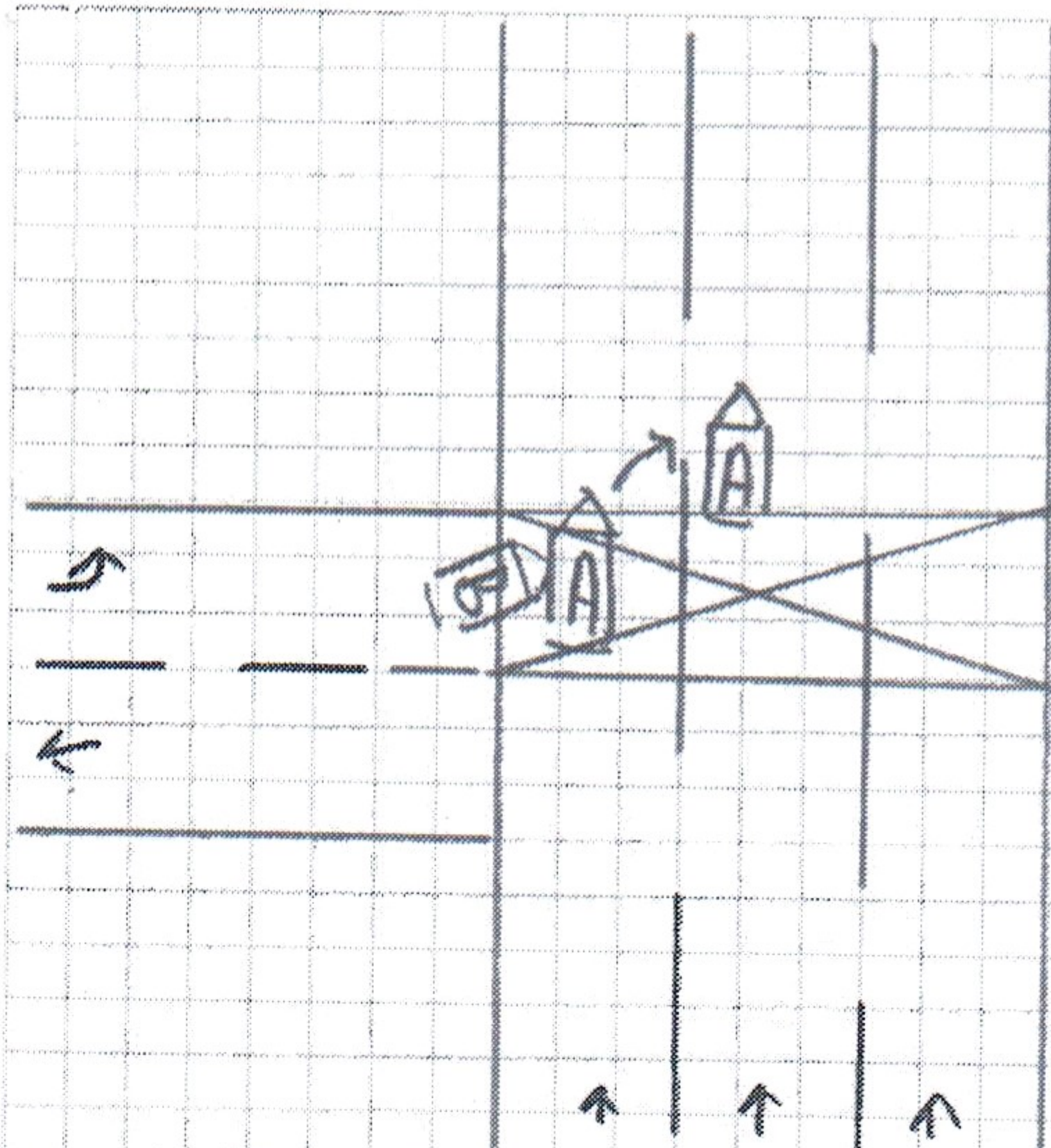
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 01.09.2020
@ 15:15 hrs


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

SKETCH PLAN



A - SHC 8141M
B - SJY 8405M

Along PIE TWDS Paya Lebar T Junction Circuit Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01.09.2020 at about 13:00 hours I was travelling along PIE TWDS Paya Lebar

T Junction Circuit Road with no passenger onboard .

While travelling straight , suddenly veh B (SJY 8405M) dash out without giving

way to me and collided into my taxi A - Whole Left Portion .

After the accident I suffered pain at my neck area will consult doctor later on .

I have company video and photo to support my claims .

Veh B (SJY 8405M) - Mr Low Han Zhong H/P : 9146 2572

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: 01.09.2020
@ 15:15 hrs

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

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 2-Sep-20

INSURANCE: MSIG

MODEL: HYUNDAI I40

VEHICLE NO.: SHC8141M

DESCRIPTION	QTY	LIST PRICE	AMOUNT
REAR DOOR BLACK PLASTIC COVER NH	1	\$225.00	\$225.00
REAR DOOR (LH) Bnc	1	\$2,201.10	\$2,201.10
REAR DOOR RUBBER (LH) deformed	1	\$185.40	\$185.40
REAR DOOR REGULATOR (LH) crake	1	\$660.90	\$660.90
REAR DOOR POWER WINDOW MOTOR NH	1	\$386.20	\$386.20
REAR DOOR LOCK ASSY Dcr	1	\$468.20	\$468.20
REAR DOOR HINGE UPPER (LH) svc	1	\$114.50	\$114.50
REAR DOOR HINGE LOWER (LH) st	1	\$123.50	\$123.50
REAR DOOR CHECK (LH) NH	1	\$92.90	\$92.90
REAR DOOR TRIM BOARD (LH) crake mounty	1	\$743.80	\$743.80
REAR DOOR OUTER MOULDING (LH) NH	1	\$176.80	\$176.80
REAR DOOR OUTER HANDLE (LH) NH	1	\$134.50	\$134.50
REAR DOOR SWITCH (LH) NH	1	\$112.00	\$112.00
REAR DOOR CHANNEL (LH) NH	1	\$161.30	\$161.30
FRONT DOOR (LH) Dcr	1	\$2,256.40	\$2,256.40
FRONT DOOR RUBBER svc deformed	1	\$196.00	\$196.00
FRONT DOOR GEAR/REGULATOR (LH) crake mounty	1	\$776.80	\$776.80
FRONT DOOR POWER MOTOR NH	1	\$442.10	\$442.10
FRONT DOOR TRIM BOARD (LH) crake	1	\$997.40	\$997.40
FRONT DOOR KEY LOCK SET NH	1	\$71.70	\$71.70
FRONT DOOR OUTER MOULDING (LH) NH	1	\$153.10	\$153.10
DOOR CENTRE PILLAR OUTER (LH) Dcr	1	\$2,527.80	\$2,527.80
DOOR PILLAR ENFORCEMENT (LH) NH	1	\$745.30	\$745.30
DOOR CENTRE PILLAR INNER NH	1	\$1,224.20	\$1,224.20
DOOR PILLAR INNER GARNISH NH	1	\$326.40	\$326.40
SUB TOTAL 1113.73			\$15,503.30
LESS 20%			\$3,100.66
DISCOUNTED TOTAL 8909.84			\$12,402.64
Rear Door Comfortdelgro & Apps Sticker(LH) Hec SN	1	\$ 80.00	\$ 80.00
REAR DOOR ADVERTISEMENT LOGO (LH) Hec SN	1	\$100.00	\$100.00
FRONT DOOR COLOURED COMFORT LOGO Hec SN	1	\$75.00	\$75.00
FRONT DOOR ADVERTISEMENT LOGO Hec SN	1	\$100.00	\$100.00
SUB TOTAL 355.00			\$355.00
Labour Charge			
Panel Beating	1	\$1,200.00	\$1,200.00
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

Transfer of Door Mechanism FRONT	1	\$80.00	\$80.00	60/-
Re-set Frt Power Window System	1	\$200.00	\$200.00	44
Transfer of Door Mechanism REAR	1	\$80.00	\$80.00	60/-
Re-set Rear Power Window System	1	\$200.00	\$200.00	44
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00	72
TOTAL LABOUR			\$3,670.00	
ESTIMATE TOTAL			\$ 16,427.64	
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.				

03/09/2020 @ 1500hrs
 Not Anthony
 2/Some 6 days.

yan
 2 Kk Auto

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10714.84
 Supp 510.88
 11225.72
 4/S 8900/-

BIFROST AUTO PTE LTD

REPAIR SUPPLEMENTARY

DATE: 8-Sep-20

INSURANCE: MSIG.

MODEL: HYUNDAI IONIC I40

VEHICLE NO.: SHC8141M (S)

Description	Qty	List Price	Amount
Rear Quarter Glass & Moulding <i>crack</i>	1	\$ 638.60	\$ 638.60
SUB TOTAL			\$ 638.60
LESS 20%			\$ 127.72
DISCOUNTED TOTAL			\$ 510.88

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.

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