

ASSIGNMENT

COB July 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: _____

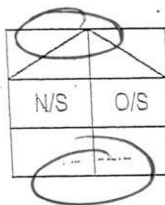
Policy No. 29141713MKFClaims No. 628341

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: 7 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: SHA 9712 U Yr Regn: July 2019

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Ioniq C.C. 1580Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 107397 T/Radio: Insured / Std / NI / NAEng/No: G4LEKU297734C/No: KMHC851CVKu164678

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 R15R: — 11 —

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

TOYO / YOKO or Westlake

Front Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 06/09/2020 D.O.A. 08/09/2020Survey held at Bifrost Sin Ming

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

Front & Rear

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

Date / Time Action / Instruction

MSG SLG 6649K

14/09/20 2.07pm revised to Ng Chen How via Merimen.

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Photos

Others

TOTAL

Report Format: _____

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

Add Fee:

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

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 7-Sep-20

INSURANCE: MSIG

MODEL: HYUNDAI IONIC

VEHICLE NO.: SHA9712U

Description	Qty	List Price	Amount	
Bonnet	1	\$ 2,253.80	\$ 2,253.80	X
Bonnet Hinge (LH/RH) NH	2	\$ 118.70	\$ 237.40	X
Bonnet Lock Svc	1	\$ 127.30	\$ 127.30	X
Bonnet Insulator Clips NH	1	\$ 15.00	\$ 15.00	X
Radiator Grille NEW MODEL Crack NH	1	\$ 1,568.60	\$ 1,568.60	X
Radiator Grille Crack	1	\$ 1,227.50	\$ 1,227.50	✓
Front Number Plate garnish Crack	1	\$ 137.60	\$ 137.60	✓
Front Bumper Cover torn	1	\$ 418.30	\$ 418.30	✓
Front bumper top cover NH	1	\$ 476.30	\$ 476.30	X
Front Bumper Sponge torn	1	\$ 186.90	\$ 186.90	✓
Front Bumper Reinforcement Dented	1	\$ 1,075.10	\$ 1,075.10	✓
Front Bumper Reinforcement ABSORBER (LH) NH	1	\$ 186.50	\$ 186.50	X
Front Bumper Towing Cover NH	1	\$ 29.00	\$ 29.00	X
Front Bumper Moulding Centre Upper dented	1	\$ 368.50	\$ 368.50	✓
Front Bumper Lower Stiffner NH	1	\$ 285.10	\$ 285.10	X
Front bumper lower grille NH	1	\$ 365.30	\$ 365.30	X
front bumper lower grille moulding NH	1	\$ 127.60	\$ 127.60	X
Front Bumper Lip NH	1	\$ 35.10	\$ 35.10	X
Front Bumper Bracket Top (LH) NH	1	\$ 35.00	\$ 35.00	X
Front Bumper Bracket (LH) NH	1	\$ 28.00	\$ 28.00	X
Front Bumper Retainer Mounting (LH) NH	1	\$ 65.30	\$ 65.30	X
Front Bumper Clips 10 pcs Rec	1	\$ 25.00	\$ 25.00	X
Front Bumper Grille (LH) NH	1	\$ 186.90	\$ 186.90	X
Front bumper air duct (LH) NH	1	\$ 153.80	\$ 153.80	X
Day Light ,LH NH	1	\$ 642.50	\$ 642.50	X
Day Light Wire, LH not soaked broken	1	\$ 585.50	\$ 585.50	X ✓
BUZZER ASSY - PIEZO (LH) NH	1	\$ 388.00	\$ 388.00	X
Headlamp Support Panel Assy not work! Dented	1	\$ 949.30	\$ 949.30	✓
Headlamp(LH) Crack	1	\$ 3,987.30	\$ 3,987.30	✓
Horn Unit (LH) NH	1	\$ 72.80	\$ 72.80	X
Horn Wire NH	1	\$ 386.70	\$ 386.70	X
Radiator not is	1	\$ 710.50	\$ 710.50	✓
COOLANT NH	1	\$ 45.00	\$ 45.00	X
Frt Pillar Upper Cover - outer (LH) NH	1	\$ 89.60	\$ 89.60	X
Front Fender(LH) not	1	\$ 490.70	\$ 490.70	X
Front Fender Apron Panel (LH) NH	1	\$ 756.20	\$ 756.20	X
Front Fender Shield (LH) NH	1	\$ 164.70	\$ 164.70	X
Aircon Condenser punctured	1	\$ 663.60	\$ 663.60	✓
Boot Lid not	1	\$ 2,480.40	\$ 2,480.40	✓
Boot Lid 'H' Emblem Rec	1	\$ 28.00	\$ 28.00	✓
Emblem-Hybrid Rec	1	\$ 24.30	\$ 24.30	✓
Emblem-Ioniq Rec	1	\$ 31.30	\$ 31.30	✓

Third Brake Light <i>HH</i>		1	\$ 385.60	\$ 385.60	X
Boot Lid Lamp(LH/RH) <i>crack</i>		2	\$ 794.40	\$ 1,588.80	✓
Boot Lid Trimboard <i>HH</i>		1	\$ 259.70	\$ 259.70	X
Boot Lid Trimboard Clips (10pcs) <i>HH</i>		1	\$ 11.00	\$ 11.00	X
Boot Lid Trimboard, Centre <i>HH</i>		1	\$ 159.60	\$ 159.60	X
Boot Lid Trimboard SIDE (LH/RH) <i>HH</i>		2	\$ 92.50	\$ 185.00	X
Boot Lid Trimboard REAR <i>HH</i>		1	\$ 124.80	\$ 124.80	X
Rear Bumper <i>distorted</i>		1	\$ 459.40	\$ 459.40	✓
Rear Bumper Reinforcement <i>broken</i>		1	\$ 394.80	\$ 394.80	✓
Rear Bumper Reinforcement Bracket (LH/RH) <i>St</i>		2	\$ 188.10	\$ 376.20	✓
Antenna Assy-SMARTK <i>broken</i>		1	\$ 689.50	\$ 689.50	✓
Rear Bumper Centre Moulding Assy <i>distorted</i>		1	\$ 451.25	\$ 451.25	✓
Rear Bumper Lower Centre Moulding Assy <i>mounty broken</i>		1	\$ 47.50	\$ 47.50	✓
Rear Bumper Stay <i>HH</i>		1	\$ 138.10	\$ 138.10	X
Rear Bumper Side retainer (LH/RH) <i>HH</i>		2	\$ 85.80	\$ 171.60	X
Rear Bumper Cover Clips <i>Nec</i>		1	\$ 22.00	\$ 22.00	✓
Rear Bumper Under Centre <i>HH</i>		1	\$ 123.85	\$ 123.85	X
Rear Bumper Side Under(LH/RH) <i>W/S broken o/s HH</i>		2	\$ 123.10	\$ 246.20	✓
Rear Bumper Rear Hook <i>HH</i>		1	\$ 94.60	\$ 94.60	X
Rear Bumper Reflector Lamp(LH/RH) <i>HH</i>		2	\$ 82.90	\$ 165.80	X
Rear Bumper Towing Cover <i>distorted</i>		1	\$ 98.80	\$ 98.80	✓
Rear Bumper Reserve Light (Parking Brake Light) <i>socket broken</i>		1	\$ 328.60	\$ 328.60	✓
Licence Lamp (LH/RH) <i>HH</i>		2	\$ 85.30	\$ 170.60	X
Licence Lamp WIRE <i>HH</i>		1	\$ 135.80	\$ 135.80	X
Tail Lamp(LH/RH) <i>crack mounty</i>		2	\$ 870.40	\$ 1,740.80	✓
Tail Lamp Quarter Panel(LH/RH) <i>HH</i>		2	\$ 208.90	\$ 417.80	✓
Rear Panel <i>Deform</i>		1	\$ 532.00	\$ 532.00	✓
Antenna Assy - TRUNK <i>HH</i>		1	\$ 689.50	\$ 689.50	X
Rear Panel Garnish <i>deformed</i>		1	\$ 346.80	\$ 346.80	✓
Spare Tyre Holder <i>HH</i>		1	\$ 223.10	\$ 223.10	X
Spare Wheel Lock Nut <i>HH</i>		1	\$ 89.50	\$ 89.50	X
Spare Tyre Panel <i>Deform repair</i>		1	\$ 892.50	\$ 892.50	✓
Member Assy-Rear Floor Centre <i>HH</i>		1	\$ 863.50	\$ 863.50	X
Panel Assy-Rear Floor Side (LH/RH) <i>HH</i>		2	\$ 39.40	\$ 78.80	X
Rear tray tools box LH <i>deformed</i>		1	\$ 693.20	\$ 693.20	✓
REAR TRAY LUGGS CENTER <i>deformed</i>		1	\$ 354.20	\$ 354.20	✓
SUB TOTAL				\$ 35,862.10	
LESS 20%				\$ 7,172.42	
DISCOUNTED TOTAL				\$ 28,689.68	
Front Number Plate <i>broken</i>	SN	1	\$ 25.00	\$ 25.00	3451
Front No Plate Trim Cover <i>broken</i>	SN	1	\$ 30.00	\$ 30.00	✓
Front Fender Advertisement Logo (LH) <i>Nec</i>	SN	1	\$ 100.00	\$ 100.00	✓
Emblem-Blue Drive (LH) <i>SVC</i>	SN	1	\$ 26.60	\$ 26.60	X
Reverse camera ASSY <i>HH</i>	SN	1	\$983.20	\$983.20	X
Boot Lid Comfort Logo & Tel No. Sticker <i>Nec</i>	SN	1	\$ 35.00	\$ 35.00	✓
Boot Lid Comfort Cablink Tel No. Sticker <i>HH</i>	SN	1	\$ 30.00	\$ 30.00	X
Boot Lid Advertisement Logo <i>Nec</i>	SN	1	\$ 100.00	\$ 100.00	✓
Rear No.Plates + Trim Cover <i>broken</i>	SN	1	\$ 45.00	\$ 45.00	✓
Rear Bumper Advertisement Logo <i>to HH</i>	SN	1	\$ 50.00	\$ 50.00	X
Rear Bumper Rubber Mat <i>deformed</i>	SN	1	\$ 50.00	\$ 50.00	✓
Rear Bumper Reverse Sensor <i>Deform</i>	SN	1	\$ 180.00	\$ 180.00	✓
SPARE TYRE PANEL TOP COVER SILICON <i>HH</i>	SN	1	\$ 250.00	\$ 250.00	X

SUB TOTAL			\$ 1,904.80
Labour Charge			
Panel Beating	1	\$1,400.00	\$1,400.00
Spray Painting Charge	1	\$1,200.00	\$1,200.00
Wiring Charge	1	\$140.00	\$140.00
Tuff Kote	1	\$160.00	\$160.00
Towing Charge	1	\$80.00	\$80.00
Remove/Refix Reverse Sensor	1	\$120.00	\$120.00
Remove/Refix Exhaust Pipe	1	\$80.00	\$80.00
Remove/Refix Radiator	1	\$90.00	\$90.00
Remove/Refix Aircon & Refill Gas	1	\$130.00	\$130.00
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00
TOTAL LABOUR			\$3,950.00
ESTIMATE TOTAL			\$ 34,544.48

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.

Not Answer

ya

2kk Ando

Phyts with
damaged
parts after
rep.

LKK Auto Consultants hence notify the Repairer of the following:

Acknowledged by Repairer

BIFROST AUTO PTE LTD

REPAIR SUPPLEMENTARY

DATE: 9-Sep-20


INSURANCE: MSIG

MODEL: HYUNDAI IONIC

VEHICLE NO.: SHA9712U (S)

Description	Qty	List Price	Amount
Flap Assy Active Air Upper, (LH/RH) <i>broken</i>	2	\$ 824.60	\$ 1,649.20
Unit Assy-SMART CRU (Radar Sensor) <i>St / mounty broken</i>	1	\$ 2,910.90	\$ 2,910.90
Radiator Inverter <i>Ze 1st</i>	1	\$ 884.80	\$ 884.80
Rear tray tools box RH <i>crack</i>	1	\$ 675.30	\$ 675.30
Headlamp(RH) <i>crack</i>	1	\$ 3,987.30	\$ 3,987.30
SUB TOTAL			\$ 10,107.50
LESS 20%			\$ 2,021.50
DISCOUNTED TOTAL			\$ 8,086.00
Front Fender Advertisement Logo (LH/RH) <i>Nec</i> SN	2	\$ 100.00	\$ 200.00
Rear Windscreen Sealant <i>Nec</i> SN	1	\$ 46.00	\$ 46.00
SUB TOTAL			\$ 246.00
Labour Charge			
Remove/Refix Rear Windscreen Glass Upper & Lower	1	\$240.00	\$240.00
TOTAL LABOUR			\$240.00
ESTIMATE TOTAL			\$ 8,572.00

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.

08/09/2020
Ryan
 2 KK Auto


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	07/09/2020 11:47
Date Of Accident	06/09/2020 20:00
Exact Location Of Accident	PIE(TUAS) BF JLN BAHAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9712U
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ

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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	ANG CHOON SENG
NRIC No	SXXXX853A
Date Of Birth	27/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	26/12/1980
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81829377
Fax Number	
Contact Number	
Email Address	ANGCHOONSENG964@GMAIL.COM

Address	763 #09-64 WOODLANDS AVENUE 6
Postcode	730763
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	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

SEE ATTACH.

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	SLG6649K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN WEI ZH
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGN1383G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHENG HOCK
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG CHOON SENG
Approximate Age	60
Injuries Sustain	LEFT ELBOW
Injured person in which vehicle?	SHA9712U
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.

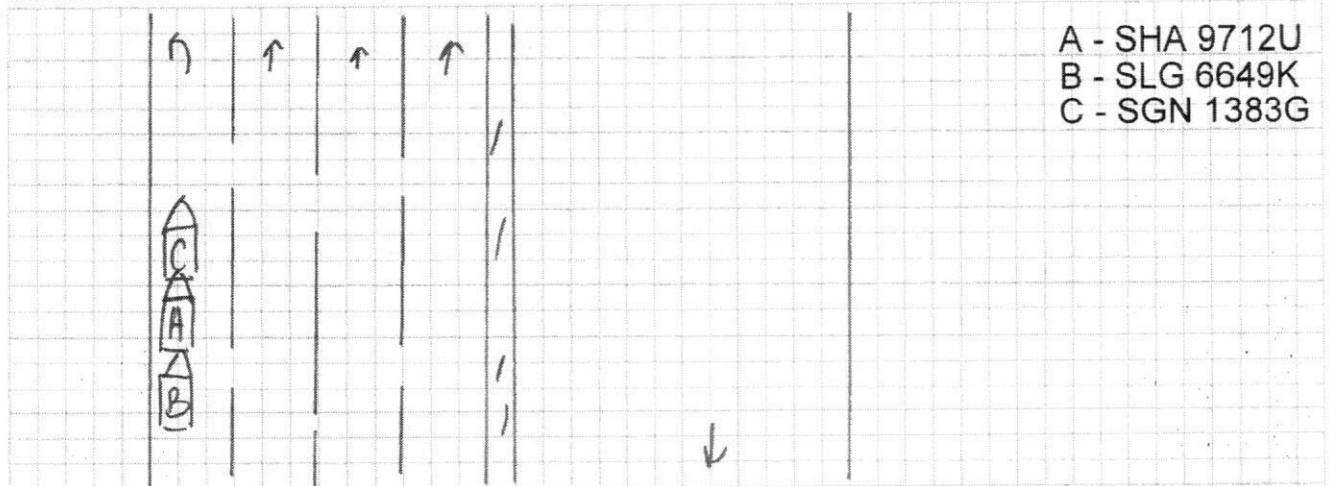
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07.09.2020
@ 11:15 hrs

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

SKETCH PLAN



Along PIE TWDS Tuas Before Jalan Bahar Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06.09.2020 at about 20:00 hours I was travelling along PIE TWDS Tuas
Before Jalan Bahar Exit with One Male Passenger onboard .
While I saw veh C (SGN 1383G) infront of me slowed down and stopped I
followed too . Suddenly I felt an impact from my taxi A - Rear Portion causing my
taxi to surged forward .
After the accident my taxi sustain damages on both front and rear portion .
I have company video and photo to support my claims .
After the accident I suffed pain at my elbow area will consult doctor later on .
Veh B (SLG 6649K) - Mr Tan Wei Zhi H/P : 9669 9876
Veh C (SGN 1383G) - Mr Ng Cheng Hock H/P : 9626 1348

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07.09.2020
@ 11:15 hrs

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