

ASSIGNMENT

COE 2028 Aug

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or NoLum Sum: PIP % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 9807E Yr Regn: Aug / 2020Type: 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: 8469 T/Radio: Insured / Std / NI / NAEng/No: G4LEK U389512C/No: KMHCB51CVLU184468Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 R15R: 11

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

TOYO / YOKO or

Michelin

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 15/09/20 D.O.I. 16/09/20Survey held at Bitrost Sin Ming

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

H/S Front

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

Date / Time

Action / Instruction

MSG SLN 8839 D

1/10 Sent Preli by Merimen

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S+RS \$

Photos

Others

TOTAL

Report Format: _____

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

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

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	16/09/2020 11:24
Date Of Accident	15/09/2020 19:10
Exact Location Of Accident	CHURCH STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9807E
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 KOK GUAN
NRIC No	SXXXX360I
Date Of Birth	18/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	10/06/1985
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84464820
Fax Number	
Contact Number	
Email Address	AKOKGUAN@YAHOO.COM.SG

Address	102B 06-432 PUNGGOL FIELD
Postcode	822102
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 - CHANGE/CROSS LANE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SENGKANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SLN8839D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AARON ANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT SIDE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG KOK GUAN
Approximate Age	53
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHA9807E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



SINGAPORE POLICE FORCE



T/20200915/2130

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20200915/2130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2020 21:19	Vide Report No.:	Station Diary No.: 81
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Informant's Particulars

Name of Informant: ANG KOK GUAN			Address: APT BLK 102B PUNGGOL FIELD #06-432 SINGAPORE 822102		
ID Type / ID No.: NRIC NO / S18293601			Contact No.: Home/Office: Mobile: 84464820		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 18/03/1967	Type of Informant: Driver		
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: 15/09/2020 19:10	Type of Location: Y-Junction
Location: CHURCH STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SHA9807E	Car				Slightly Damaged	0
SLN8839D	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200915/2130

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200915/2130

CONTINUATION OF REPORT

Driver Name	ANG KOK GUAN	ID No.	S18293601
Related Vehicle	SHA9807E (Car)	Contact No.	84464820
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	15/09/2020	Date Discharge	15/09/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 15/09/2020 at about 1910hrs, I was travelling in my vehicle (SHA9807E) along Church street heading towards Telok Ayer, while travelling on the right lane near the entrance to Samsung hub, another vehicle (SLN8839D) who was travelling on the next lane to my left suddenly turned into my lane without signaling. I then tried to stop immediately but was unable to do so as such he then collided into the left side of my vehicle. We then go out of our vehicles to assess the damage and check on each other. There was no one injured at that point in time as such we exchanged particulars and carried on. However, later on I then felt some discomfort and as such went to see the doctor and was given 4 days MC.



**SINGAPORE
POLICE FORCE**



T/20200915/2130

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Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20200915/2130

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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:

F /

Staff Sgt WEE JUN WEI, MOSES

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/09/2020 21:19

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force

Classification Of Case:

SKETCH PLAN

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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: 16.09.2020
@ 10:45 hrs

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

A - SHA 9807E
B - SLN 8839D

Along Church Street

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16.09.2020
@ 10:45 hrs

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

Phone Number:

Fax Number:

Customer:		Date:	16/9/2020 5:42 PM
Company:		VIN	
License NO:	SHA9807E	Technician:	
Odometer:		Order NO:	

VEHICLE ALIGNMENT REPORT

HYUNDAI, IONIQ hybrid 17> AE Series All Models, 17-17 (Customized)

Primary Angles			Initial	Specifications Min. Max.		Final
Front	Caster	Left	4°12'	4°00'	5°00'	5°41' *
		Right	5°10' *	4°00'	5°00'	5°14' *
	Camber	Left	-1°10' *	-1°00'	0°00'	-19°27' *
		Right	-0°18'	-1°00'	0°00'	-0°35'
	Toe	Left	0°26' *	-0°02'	0°05'	1°11' *
		Right	0°21' *	-0°02'	0°05'	-0°02'
Total		0°47' *	-0°04'	0°11'	1°10' *	
Rear	Camber	Left	-1°55' *	-1°25'	-0°25'	-1°45' *
		Right	-1°50' *	-1°25'	-0°25'	-1°50' *
	Toe	Left	0°15' *	0°00'	0°11'	0°50' *
		Right	-0°05' *	0°00'	0°11'	-0°42' *
		Total	0°10'	0°00'	0°22'	0°08'
	Thrust Angle		-0°10'	----		-0°46'
Secondary Angles			Initial	Specifications Min. Max.		Final
SAI	Left	13°56'	13°18'	14°18'	13°56'	
	Right	13°28'	13°18'	14°18'	13°28'	
Included Angle	Left	12°47'	----	----	-5°31'	
	Right	13°10'	----	----	12°53'	
Toe Out On Turns	Left	----	----	----	----	
	Right	----	----	----	----	
Max Turn Inside	Left	----	38°00'	41°00'	----	
	Right	----	38°00'	41°00'	----	
Toe Curve Change	Left	----	----	----	----	
	Right	----	----	----	----	
Setback	Front	-0.03"	----	----	-0.03"	
	Rear	0.06"	----	----	0.06"	
Track Width Diff.		0.38"			0.38"	
Wheel Base Diff.		-0.09"			-0.09"	
Front Ride Height	Left	----	----	----	----	
	Right	----	----	----	----	
Rear Ride Height	Left	----	----	----	----	
	Right	----	----	----	----	
Frame Angle					----	

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 16-Sep-20

INSURANCE: MSIG

MODEL: HYUNDAI IONIC

VEHICLE NO.: SHA 9807 E

Description	Qty	List Price	Amount	
Bonnet <i>dent</i>	1	\$ 2,253.80	\$ 2,253.80	✓
Bonnet Hinge (LH/RH) <i>HH</i>	2	\$ 118.70	\$ 237.40	X
Bonnet Lock <i>HH</i>	1	\$ 127.30	\$ 127.30	X
Bonnet Insulator <i>HH</i>	1	\$ 230.10	\$ 230.10	X
Bonnet Insulator Clips <i>HH</i>	1	\$ 15.00	\$ 15.00	X
Radiator Grille NEW MODEL <i>HH</i>	1	\$ 1,568.60	\$ 1,568.60	X
Front Bumper Cover <i>cut / torn</i>	1	\$ 418.30	\$ 418.30	✓
Front bumper top cover <i>HH</i>	1	\$ 476.30	\$ 476.30	X
Front Bumper Sponge <i>HH</i>	1	\$ 186.90	\$ 186.90	X
Front Bumper Reinforcement <i>not 1st / dent</i>	1	\$ 1,075.10	\$ 1,075.10	X
Front Bumper Reinforcement ABSORBER (LH) <i>HH</i>	1	\$ 186.50	\$ 186.50	X
Front Bumper Towing Cover <i>HH</i>	1	\$ 29.00	\$ 29.00	X
Front Bumper Moulding Centre Upper <i>cut / mainly broken</i>	1	\$ 368.50	\$ 368.50	✓
Front Bumper Lower Stiffener <i>HH</i>	1	\$ 285.10	\$ 285.10	X
Front bumper lower grille <i>not clear</i>	1	\$ 365.30	\$ 365.30	X
front bumper lower grille moulding <i>HH</i>	1	\$ 127.60	\$ 127.60	X
Front Bumper Lip <i>HH</i>	1	\$ 35.10	\$ 35.10	X
Front Bumper Bracket Top (LH/RH) <i>HH</i>	2	\$ 35.00	\$ 70.00	X
Front Bumper Bracket (LH/RH) <i>W/S broken o/s HH</i>	2	\$ 28.00	\$ 56.00	✓
Front Bumper Retainer Mounting (LH) <i>HH</i>	1	\$ 65.30	\$ 65.30	X
Front Bumper Clips 10 pcs <i>HH</i>	1	\$ 25.00	\$ 25.00	✓
Front Bumper Grille (LH) <i>cut</i>	1	\$ 186.90	\$ 186.90	✓
Front bumper air duct (LH) <i>not clear</i>	1	\$ 153.80	\$ 153.80	X
Day Light ,LH <i>not mounting work</i>	1	\$ 642.50	\$ 642.50	X
Day Light Wire, LH <i>HH</i>	1	\$ 585.50	\$ 585.50	X
BUZZER ASSY - PIEZO (LH) <i>not HH</i>	1	\$ 388.00	\$ 388.00	X
Headlamp Support Panel Assy <i>broken</i>	1	\$ 949.30	\$ 949.30	✓
Headlamp(LH) <i>broken</i>	1	\$ 3,987.30	\$ 3,987.30	✓
Frt Pillar Upper Cover - outer (LH) <i>HH</i>	1	\$ 89.60	\$ 89.60	X
Front Fender(LH) <i>Buc</i>	1	\$ 490.70	\$ 490.70	✓
Front Fender Apron Panel (LH) <i>HH</i>	1	\$ 756.20	\$ 756.20	X
Front Fender Apron Panel Upper(LH) <i>HH</i>	1	\$ 229.60	\$ 229.60	X
Front Fender Shield (LH) <i>distorted</i>	1	\$ 164.70	\$ 164.70	✓
Front Wheel Rim (LH) <i>not distorted</i>	1	\$ 1,124.20	\$ 1,124.20	✓
Front Wheel Hub <i>Gap</i> and hub assy (LH) <i>not done</i>	1	\$ 678.50	\$ 678.50	✓
Front Wheel Hub Cap <i>cut</i>	1	\$ 289.80	\$ 289.80	✓
Front Shock Absorber(Assy)(LH) <i>not distorted</i>	1	\$ 372.50	\$ 372.50	✓
Front Shock Absorber Mounting (LH) <i>HH</i>	1	\$ 206.90	\$ 206.90	X
Front Drive Shaft (LH) <i>HH</i>	1	\$ 1,136.70	\$ 1,136.70	X
Front drive shaft extension RH <i>HH</i>	1	\$ 1,125.80	\$ 1,125.80	X
Rack & Pinion Assy <i>HH</i>	1	\$ 1,087.40	\$ 1,087.40	X
STG Tie Rod <i>not 1st</i>	1	\$ 125.60	\$ 125.60	X

STG Tie End <i>2 distal</i>	1	\$ 94.70	\$ 94.70	<i>✓</i>
Stabilizer Bar <i>HW</i>	1	\$ 326.80	\$ 326.80	<i>X</i>
Stabilizer Bar Link <i>HW</i>	1	\$ 92.10	\$ 92.10	<i>X</i>
Front Suspension Lower Arm (LH) <i>2 distal</i>	1	\$ 596.80	\$ 596.80	<i>✓</i>
Knuckle Arm (LH) <i>2 distal</i>	1	\$ 663.60	\$ 663.60	<i>✓</i>
ABS Sensor <i>HW</i>	1	\$ 290.00	\$ 290.00	<i>X</i>
SUB TOTAL			\$ 25,037.70	
LESS 20%			\$ 5,007.54	
DISCOUNTED TOTAL			\$ 20,030.16	
Emblem-Blue Drive (LH) <i>HW</i>	1	\$ 26.60	\$ 26.60	<i>✓</i>
Front Tyre(LH) <i>2 punctured 60% deplete</i>	1	\$ 216.00	\$ 216.00	
SUB TOTAL			\$ 242.60	
Labour Charge				
Panel Beating	1	\$1,200.00	\$1,200.00	<i>600</i>
Spray Painting Charge	1	\$1,000.00	\$1,000.00	<i>600</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>HW</i>
Four Wheel Alignment	1	\$120.00	\$120.00	<i>60</i>
Remove/Refix Undercarriage (Frt)	1	\$400.00	\$400.00	<i>150</i>
Re-set Frt ABS System	1	\$200.00	\$200.00	<i>HW</i>
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00	<i>180</i>
TOTAL LABOUR			\$3,850.00	
ESTIMATE TOTAL			\$ 24,122.76	
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.				

16/09/2020 @ 1730hrs

Not Antenna

Part by Part

1 year 5 days

LKK Auto

[Signature]

Photo after repair with damaged parts.

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: