

ASSIGNMENT

COE 2027 Nov

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. 30001551758Claims No. 248881

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 Report _____ Consistent? : Yes or No

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

Est. Repairs: 6 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 21722 Yr Regn: Nov / 2019Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Hyundai Ioniq c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 99428 T/Radio: Insured / Std / NI / NAEng/No: G4LEK U401745C/No: KMHG851CVLU187924Gen. 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 R 15R: — " —

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

TOYO / YOKO or Duratur

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 04/10/2020 D.O.A. 06/10/2020Survey held at Bifrost Sin Ming

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

O/S Body y O/S Rew

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

Date / Time Action / Instruction

MSG SMS 8170H

05/11/20 @ 4.43pm revised to Chua Nyuk Pui via Meimien.

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 (\$ _____)

Photos

Others

TOTAL

Report Format: _____

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

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 5-Oct-20

INSURANCE: MSIG

MODEL: HYUNDAI IONIC

VEHICLE NO.: SHA 2172 Z

Description	Qty	List Price	Amount
Frt Door(RH) <i>St</i>	1	\$ 1,797.20	\$ 1,797.20
Frt Door Rubber <i>HH</i>	1	\$ 250.00	\$ 250.00
Front Door Regulator (RH) <i>HH</i>	1	\$ 750.40	\$ 750.40
Front Door Outer Handle (RH) <i>HH</i>	1	\$ 234.80	\$ 234.80
Front Door Trim Board (RH) <i>HH</i>	1	\$ 796.80	\$ 796.80
Front Door Outer Moulding (RH) <i>Cut destroyed</i>	1	\$ 110.10	\$ 110.10
Rear Door (RH) <i>St</i>	1	\$ 1,789.90	\$ 1,789.90
Rear Door Rubber(RH) <i>HH</i>	1	\$ 270.00	\$ 270.00
Rear Door Outer Moulding(RH) <i>Cut destroyed</i>	1	\$ 125.30	\$ 125.30
Rear Door Gear/Regulator(RH) <i>HH</i>	1	\$ 367.84	\$ 367.84
Rear Door Power Motor (RH) <i>HH</i>	1	\$ 256.80	\$ 256.80
Rear Door Hinge Upper (RH) <i>HH</i>	1	\$ 173.88	\$ 173.88
Rear Door Hinge Lower (RH) <i>HH</i>	1	\$ 170.50	\$ 170.50
Rear Door Check(RH) <i>HH</i>	1	\$ 85.92	\$ 85.92
Rear Door Trim Board (RH) <i>HH</i>	1	\$ 613.60	\$ 613.60
Rear Door Protector(RH) <i>HH</i>	1	\$ 166.20	\$ 166.20
Door Centre Pillar Outer (RH) <i>HH</i>	1	\$ 3,764.90	\$ 3,764.90
Rocker Panel Outer Garnish <i>Cut</i>	1	\$ 715.60	\$ 715.60
Rocker Panel Outer <i>HH</i>	1	\$ 1,799.60	\$ 1,799.60
Rear Bumper <i>Cut</i>	1	\$ 459.40	\$ 459.40
Rear Bumper Cover Clips <i>HH</i>	1	\$ 22.00	\$ 22.00
Rear Fender(RH) <i>Destroyed</i>	1	\$ 1,768.30	\$ 1,768.30
Assy BSD Blind Spot Radar (RH) <i>HH</i>	1	\$ 1,625.00	\$ 1,625.00
Rear Tyre Rim (RH) <i>HH destroyed</i>	1	\$ 1,124.20	\$ 1,124.20
Rear Wheel Hup-Cap (RH) <i>Cut</i>	1	\$ 346.40	\$ 346.40
Rear Wheelbearing & Hub assy <i>HH Dam</i>	1	\$ 554.00	\$ 554.00
Rear Trailing Arm(RH) <i>2 destroyed</i>	1	\$ 265.40	\$ 265.40
Rear Assist (RH) <i>2 destroyed</i>	1	\$ 227.90	\$ 227.90
Rear shock Absorber(RH) <i>2 destroyed</i>	1	\$ 230.50	\$ 230.50
Rear Shock Absorber Mounting (RH) <i>HH</i>	1	\$ 133.10	\$ 133.10
Rear Absorber stopper (RH) <i>HH</i>	1	\$ 137.60	\$ 137.60
Rear Absorber Cover (RH) <i>HH</i>	1	\$ 175.60	\$ 175.60
Rear Crossmember <i>HH</i>	1	\$ 1,468.70	\$ 1,468.70
Stabilizer Bar <i>HH</i>	1	\$ 387.30	\$ 387.30
Stabilizer Link (RH) <i>HH</i>	1	\$ 147.30	\$ 147.30
Rear Upper Arm(RH) <i>2 destroyed</i>	1	\$ 239.50	\$ 239.50
Rear Lower Arm(RH) <i>2 destroyed</i>	1	\$ 393.10	\$ 393.10
Rear Knuckle Arm (RH) <i>2 destroyed</i>	1	\$ 538.10	\$ 538.10
SUB TOTAL			\$ 24,482.74
LESS 20%			\$ 4,896.55
DISCOUNTED TOTAL			\$ 19,586.19

Rear Door Comfortdelgro & Apps Sticker(RH) <i>Nec</i>	SN	1	\$ 80.00	\$ 80.00	✓
Rear Tyre(RH) <i>HH</i>	SN	1	\$ 216.00	\$ 216.00	X
Front Door Comfort Logo (RH) <i>Nec</i>	SN	1	\$ 75.00	\$ 75.00	✓
SUB TOTAL				\$ 371.00	
Labour Charge					
Panel Beating		1	\$1,600.00	\$1,600.00	700/-
Spray Painting Charge		1	\$1,400.00	\$1,400.00	900/-
Wiring Charge		1	\$140.00	\$140.00	HH
Tuff Kote		1	\$160.00	\$160.00	40/-
Towing Charge		1	\$80.00	\$80.00	HH
Remove/Refix Undercarriage (RR)		1	\$400.00	\$400.00	150/-
Re-set Rear ABS System		1	\$400.00	\$400.00	HH
Transfer of Door Mechanism FRONT		1	\$80.00	\$80.00	60/-
Re-set Frt Power Window System		1	\$200.00	\$200.00	HH
Transfer of Door Mechanism REAR		1	\$80.00	\$80.00	60/-
Re-set Rear Power Window System		1	\$200.00	\$200.00	HH
Four Wheel Alignment		1	\$120.00	\$120.00	60/-
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00	150/-
TOTAL LABOUR				\$5,410.00	
ESTIMATE TOTAL				\$ 25,367.19	
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.					

06/10/2020 @ 1700hrs

Met Andrew

Part by Part.

Ryan 6 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:

Phone Number:

Fax Number:

Customer:		Date:	5/10/2020 11:59 AM
Company:		VIN	
License NO:	SHA2172Z	Technician:	
Odometer:		Order NO:	

VEHICLE ALIGNMENT REPORT

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

Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	5°08' *	4°00'	5°00'	4°30'
		Right	5°20' *	4°00'	5°00'	4°52'
	Camber	Left	-0°29'	-1°00'	0°00'	-0°25'
		Right	-0°14'	-1°00'	0°00'	-0°14'
	Toe	Left	-0°14' *	-0°02'	0°05'	-0°39' *
		Right	-0°01'	-0°02'	0°05'	0°26' *
Total		-0°15' *	-0°04'	0°11'	-0°13' *	
Rear	Camber	Left	-1°53' *	-1°25'	-0°25'	-1°52' *
		Right	-1°56' *	-1°25'	-0°25'	-2°33' *
	Toe	Left	0°04'	0°00'	0°11'	0°01'
		Right	0°07'	0°00'	0°11'	-0°52' *
		Total	0°10'	0°00'	0°22'	-0°51' *
	Thrust Angle		0°02'	----		-0°26'
Secondary Angles			Initial	Specifications		Final
				Min.	Max.	
SAI		Left	7°08' *	13°18'	14°18'	7°08' *
		Right	8°16' *	13°18'	14°18'	8°16' *
Included Angle		Left	6°39'	----	----	6°43'
		Right	8°02'	----	----	8°02'
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	-0.19"	----	----	-0.19"
		Rear	-0.26"	----	----	-0.26"
Track Width Diff.			-0.20"			-0.20"
Wheel Base Diff.			0.07"			0.07"
Front Ride Height		Left	----	----	----	----
		Right	----	----	----	----
Rear Ride Height		Left	----	----	----	----
		Right	----	----	----	----
Frame Angle						----

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	05/10/2020 09:34
Date Of Accident	04/10/2020 11:40
Exact Location Of Accident	PIE EXIT CLEMENTI AVE 6 TWDS BUKIT BATOK AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2172Z
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.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	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	ONG AH SAI
NRIC No	SXXXX632J
Date Of Birth	07/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1991
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83382910
Fax Number	
Contact Number	
EMail Address	YONGKIAT_96@HOTMAIL.COM

Address	BLK 139 LORONG AH SOO #02-189
Postcode	530139
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)	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

REFER 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	SMJ8170H
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	90840969
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

LEFT FRONT

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE


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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

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

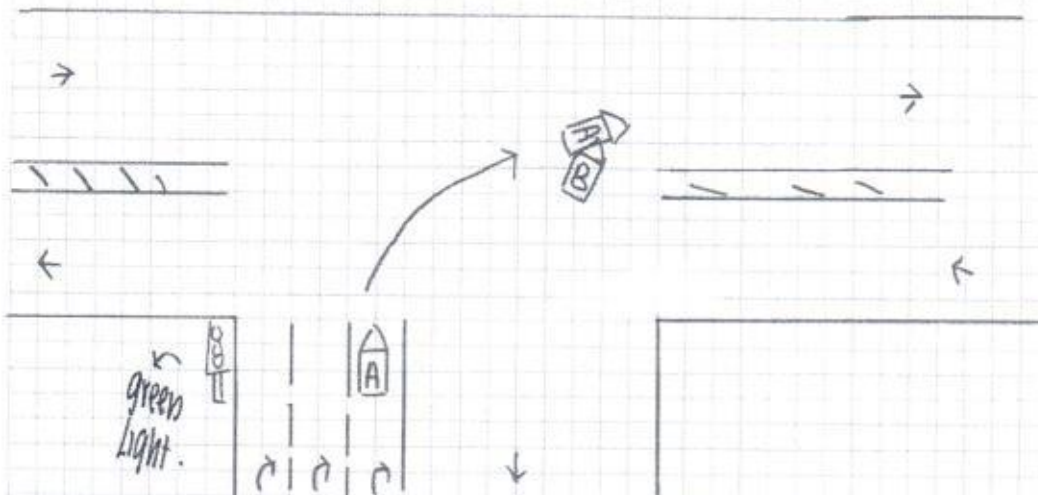
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 05.10.2020
@ 09:15 hrs


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

SKETCH PLAN

A - SHA 2172Z
B - SMJ 8170H



Along PIE Exit Clementi Ave 6 T Junction Bukit Batok Ave 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04.10.2020 at about 11:40 hours I was travelling along PIE Exit Clementi Ave
6 T Junction Bukit Batok Ave 3 with One Female Passenger onboard .
While the traffic light is in my favour I proceeded to make a right turn , suddenly
veh B (SMJ 8170H) cut into my lane and collided into my taxi A - Whole Right
Portion .
As it take place too fast I could not take evasive action to prevent .
I have company video and photo to support my claims .
Veh B (SMJ 8170H) - Female Driver H/P : 9084 0969

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: 05.10.2020
@ 09:15 hrs

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