

## ASSIGNMENT

COE 2024 June

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

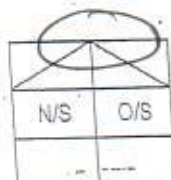
Policy No. 1001338W3Claims No. 248491

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

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHA 5006B Yr Regn: 2016 / JuneType: M.Car / M.Cycle / Bus / Van / Lorry / 7 / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 684918 T/Radio: Insured / Std / NI / NAEng/No: D4FDGU650722C/No: KMHLB41UMGU091397Gen. Cond: Good Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil S/Rim / STD A/Rim orTyre Size: F: 205 / 60 R16R: "

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

TOYO / YOKO or Hankook

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 10/10/2020 D.O.I. 14/10/2020Survey held at Bigrost sin uing

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

Front

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

Date / Time Action / Instruction

MSG SLA1683A

09/11/20 @ 4.21pm revised to Chhia Nyuk Pui via Merton.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

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

Lump Sum / L.B.I: (\$) \_\_\_\_\_

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

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

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

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

S+RS \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL



# BIFROST AUTO PTE LTD

## REPAIR ESTIMATE

DATE: 12-Oct-20

INSURANCE: MSIG

MODEL: HYUNDAI I40

VEHICLE NO.: SHA 5006 B

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BONNET <i>Dented</i>	1	\$2,265.90	\$2,265.90
BONNET RUBBER (LH) <i>HL</i>	1	\$35.70	\$35.70
BONNET RUBBER (RH) <i>HL</i>	1	\$35.70	\$35.70
BONNET HINGE (LH/RH) <i>HL</i>	2	\$126.70	\$253.40
BONNET LOCK <i>HL</i>	1	\$142.40	\$142.40
BONNET INSULATOR <i>HL</i>	1	\$202.50	\$202.50
BONNET INSULATOR CLIP 10 PCS <i>HL</i>	1	\$36.80	\$36.80
BONNET SEAL <i>HL</i>	1	\$31.90	\$31.90
BONNET INSULATOR CLIPS <i>HL</i>	1	\$15.00	\$15.00
RADIATOR GRILLE H EMBLEM <i>HL</i>	1	\$129.50	\$129.50
RADIATOR GRILLE <i>broken</i>	1	\$1,480.00	\$1,480.00
FRONT BUMPER COVER <i>Punctured</i>	1	\$1,052.20	\$1,052.20
FRONT BUMPER SPONGE <i>HL</i>	1	\$379.20	\$379.20
FRONT BUMPER REINFORCEMENT <i>Dented</i>	1	\$588.40	\$588.40
FRONT BUMPER GRILLE (LH/RH) <i>HL</i>	2	\$149.20	\$298.40
FRONT BUMPER LIP <i>HL</i>	1	\$152.00	\$152.00
FRONT BUMPER BRACKET TOP (LH/RH) <i>HL</i>	2	\$44.80	\$89.60
FRONT BUMPER BRACKET (LH/RH) <i>HL</i>	2	\$49.20	\$98.40
FRONT BUMPER RETAINER MOUNTING <i>HL</i>	1	\$76.20	\$76.20
FRONT BUMPER GRILLE AIR DUCT (RH) <i>HL</i>	1	\$126.20	\$126.20
HEADLAMP SUPPORT PANEL ASSY <i>broken / Dented</i>	1	\$907.40	\$907.40
HEADLAMP (RH) <i>cracked</i>	1	\$2,776.00	\$2,776.00
HEADLAMP SUPPORT TOP COVER <i>HL</i>	1	\$222.60	\$222.60
RADIATOR <i>2 1st</i>	1	\$1,637.20	\$1,637.20
RADIATOR GUARD (LH/RH) <i>HL</i>	2	\$76.50	\$153.00
COOLANT <i>HL</i>	1	\$ 45.00	\$ 45.00
FRONT FENDER (RH) <i>Dented</i>	1	\$566.30	\$566.30
FRONT FENDER SHIELD (RH) <i>HL</i>	1	\$174.90	\$174.90
AIRCON CONDENSER <i>2 1st</i>	1	\$947.80	\$947.80
INTER COOLER <i>HL CRACK</i>	1	\$1,032.50	\$1,032.50
SUB TOTAL			\$15,952.10
LESS 20%			\$3,190.42
DISCOUNTED TOTAL			\$12,761.68
FRONT NUMBER PLATE <i>broken</i> SN	1	\$25.00	\$25.00
FRONT NO. PLATE TRIM COVER <i>broken</i> SN	1	\$30.00	\$30.00
FRONT FENDER ADVERTISEMENT LOGO <i>HL</i> SN	1	\$100.00	\$100.00
SUB TOTAL			\$155.00
Labour Charge			

Panel Beating	1	\$1,400.00	\$1,400.00	700/-
Spray Painting Charge	1	\$1,200.00	\$1,200.00	600/-
Wiring Charge	1	\$160.00	\$160.00	30/-
Tuff Kote	1	\$160.00	\$160.00	40/-
Towing Charge	1	\$80.00	\$80.00	40/-
Remove/Refix Radiator	1	\$90.00	\$90.00	50/-
Remove/Refix Aircon & Refill Gas	1	\$130.00	\$130.00	80/-
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00	40/-
<b>TOTAL LABOUR</b>			<b>\$3,770.00</b>	
<b>ESTIMATE TOTAL</b>			<b>\$ 16,686.68</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.				

14/10/2020 @ 0900hrs

Not Authorised

1/1/2021

2/1/2021 5 days.

LKK Auto

8

Provide book value

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:



# BIFROST AUTO PTE LTD

## REPAIR SUPPLEMENTARY

DATE: 14-Oct-20

INSURANCE: MSIG

MODEL: HYUNDAI I40

VEHICLE NO.: SHA 5006 B (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
HEADLAMP (LH) <i>monday credit</i>	1	\$2,776.00	\$2,776.00
<b>SUB TOTAL</b>			<b>\$2,776.00</b>
<b>LESS 20%</b>			<b>\$555.20</b>
<b>DISCOUNTED TOTAL</b>			<b>\$2,220.80</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.

*Ryan*

*2kk Auto*

*[Signature]*

## 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	12/10/2020 13:45
Date Of Accident	10/10/2020 13:35
Exact Location Of Accident	SOMERVILLE ROAD X CROUCHER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5006B
<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	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	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	HO CHEE MENG
NRIC No	SXXXX186B
Date Of Birth	25/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1980
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83022839
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 95 GEYLANG BAHRU #10-3128
Postcode	330095
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 TO REAR
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?	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 HEAD

#### 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	SLA1683A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PRISCILLA LEE YAN WEI
NRIC/Passport Number	
Contact Number	93373984
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RIGHT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	HO CHEE MENG
Approximate Age	60
Injuries Sustain	NECK & HAND PAIN
Injured person in which vehicle?	SHA5006B
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: 12.10.2020  
@ 09:15 hrs

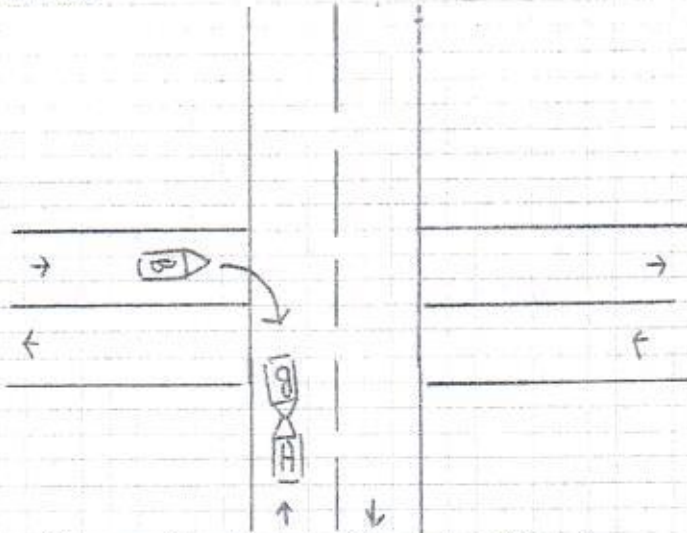
Reporting Centre Personnel's Signature  
Name: Rajana  
NRIC/FIN No.:



SKETCH PLAN

A - SHA 5006B

B - SLA 1683A



Along Somerville Road x Croucher Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10.10.2020 at about 13:35 hours I was travelling along Somerville Road x

Croucher Road with no passenger onboard .

While travelling straight in my lane , suddenly veh B ( SLA 1683A ) dash out

without stopping and recklessly made a right turn and collided into my taxi A -

Whole Front 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 .

After the accident I suffered pain at my neck and hand area , will consult doctor

Veh B ( SLA 1683A ) - Ms Priscilla Lee Yan Wei H/P : 9337 3984

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: 12.10.2020  
@ 09:15 hrs

Reporting Centre Personnel's Signature

Name: *Peggy*

NRIC/FIN No.: