## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number **EMail Address** 

- 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 witholding 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.	bisserit to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/10/2020 14:51
Date Of Accident	20/10/2020 12:30
Exact Location Of Accident	SENGKANG EAST AVE TWDS SENGKANG WEST AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA3699P
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	IONIQ
Exact Purpose for which vehicle was being used a time of accident	ıt
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	FOO HIN
NRIC No	SXXXX964B
Date Of Birth	06/07/1950
Occupation	OUTDOOR
Date Of Driving Pass	10/02/1976
Driving Experience	44 YEARS AND 8 MONTHS
Condor	

MALE

NOEMAIL

(LOCAL) +65-97735689

Address

BLK 408B FERNVALE ROAD #16-18

Postcode

792408

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle

Vehicle Registration Number of Driver's Own

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

NO

ambulance?

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

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

YM3604Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LIM CHIA YANG

NRIC/Passport Number

Contact Number

84972786

Address

Postcode

Insurance Company Name

Nature Of Damage

**FRT RIGHT** 

No. Of Passenger (Including Driver)

Page 2 of 19

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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: 20.10.2020 @ 14:00 hrs

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Name:

Regina



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTARCES OF THE ACCIDENT
On 20.10.2020 at about 12:30 hours I was travelling along Sengkang East Ave
TWDS Sengkang West Ave with No passenger onboard .
While I saw the vehicle infront of me slowed down and stop I followed too ,
Suddenly veh B (YM 3604Z) lost control and collided into my taxi A - Left Rear
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 ( YM 3604Z ) - Mr Lim Chia Yang H/P : 8497 2786
DECLA DATION

DECLARATION

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

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

> Policyholder's Signature Date & Time:

Driver's SigNature

(If driver is not the policyholder)

Date & Time: 20.10.2020 @ 14:00 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Regina

# **BIFROST AUTO PTE LTD**

## **REPAIR ESTIMATE**

DATE:

20-Oct-20

INSURANCE:

MSIG

MODEL:

HYUNDAI IONIC

VEHICLE NO.: SHA 3699 P

Description		Lis	List Price		Amount	
Boot Lid Dendul	Qty 1	\$	2,480.40	\$	2,480.40	ーレ
Boot Lid Rubber Huc	1	\$	187.40	\$		-
Boot Lid Hinge (LH/RH) ⊢⊢	2	\$	71.30	\$	142.60	-
Boot Lid Absorber (LH/RH) H	2	\$	86.70	\$	173.40	-1
Boot Lid 'H' Emblem Nuc	1	\$	28.00	\$	28.00	L
Emblem-Hybrid Ha	1	\$	24.30	\$	24.30	1
Emblem-loniq Hue	1	\$	31.30	\$	31.30	-8
Rear Spoiler Cont	1	\$	665.40	\$	665.40	_
Boot Lid Lamp(LH)	1	\$	794.40	\$	794.40	-
Boot Lid Trimboard ►►	1	\$	259.70	\$	259.70	-4
Boot Lid Trimboard Clips (10pcs) ►	1	\$	11.00	\$	11.00	4
Boot Lid Trimboard SIDE (LH)	1	\$	92.50	\$	92.50	1×
Boot Lid Trimboard REAR NN	1	\$	124.80	\$	124.80	
Rear Bumper Man	1	\$	459.40	\$	459.40	1.
Rear Bumper Reinforcement	1	\$	394.80	\$	394.80	4
Rear Bumper Reinforcement Bracket (LH/RH) 🛶 📭 🔥	2	\$	(188.10)	\$	376.20	
Antenna Assy-SMARTK	1	\$	689.50	\$	689.50	X
Rear Bumper Lower Centre Moulding Assy	1	\$	47.50	\$	47.50	-6
Rear Bumper Stay	1	\$	138.10	\$	138.10	×
Rear Bumper Side retainer (LH)	1	\$	85.80	\$	85.80	1.
Rear Bumper Cover Clips Hec	1	\$	22.00	\$	22.00	
Rear Bumper Under Centre	1	\$	123.85	\$	123.85	
Rear Bumper Side Under(LH)	1	\$	123.10	\$	123.10	X
Rear Bumper Rear Hook	1	\$	94.60	\$	94.60	
Rear Bumper Reflector Lamp(LH)	1	\$	82.90	\$	82.90	X
Rear Bumper Towing Cover	1	\$	98.80	\$	98.80	X
Rear Bumper Reserve Light (Parking Brake Light)	1	\$	328.60	\$	328.60	15
ail Lamp(LH)	1	\$	870.40	\$	870.40	1.
ail Lamp Quarter Panel(LH)	1	\$	208.90	\$	208.90	
Rear Panel Quant	1	\$	532.00	\$	532.00	-8
Antenna Assy - TRUNK H	1	\$	689.50	\$	689.50	-
Rear Panel Garnish	1	\$	346.80	\$	346.80	1 .
Spare Tyre Holder	1	\$	223.10	\$	223.10	1
Spare Wheel Lock Nut	1	\$	89.50	\$	89.50	X
Spare Tyre Panel	1	\$	892.50	\$	892.50	1
Panel Assy-Rear Floor Side (LH)	1	\$	39.40	\$	39.40	X
Rear tray tools box LH	1	\$	693.20	\$	693.20	1
Rear Fender(LH)	1	\$	1,768.30	\$	1,768.30	12
Rear Fender Inner Panel (LH)	1	\$	1,406.20	\$		2
Rear Fender SHIELD REAR PIECE (LH ) tom	1	\$	173.60	\$	1,406.20	-
Rear Fender SHIELD Frt Piece (LH)	1	\$	165.50	\$		5
Rear Fender Corner inner upper garnish (LH)	1	\$	486.70	\$	165.50	X

Rear Fender Air-Duct (LH) down	1	\$ 87.30	\$ 87.30
Rear Fender Trim Board (LH)	1	\$788.75	\$ 788.75
Fuel Lid Cover LH SV2	1	\$ 83.30	\$ 83.30
FUEL LID GARNISH COVER	1	\$361.20	\$ 361.20
REAR FENDER TRIM BOARD TOP GARNISH (LH)	1	\$167.90	\$ 167.90
Assy BSD Blind Spot Radar (LH)	1	\$ 1,625.00	\$ 1,625.00
Wiring Harness BWS Ext 🛚 🖊 🗀	1	\$ 988.90	\$ 988.90
			\$ -
12904.65			
SUB TOTAL			\$ 20,768.30
103.73.72 LESS 20%			\$ 4,153.66
DISCOUNTED TOTAL			\$ 16,614.64
· Auto-			
Boot Lid Comfort Logo & Tel No. Sticker -Lc SN	1	\$ 35.00	\$ 35.00
Boot Lid Comfort Cablink Tel No. Sticker 🤽 HS SN	1	\$ 30.00	\$ 30.00
Rear Bumper Reverse Sensor  SN	1	\$ 180.00	\$ 180.00
SPARE TYRE PANEL TOP COVER SILICON 🛶 SN	1	\$ 250.00	\$ 250.00
∂ 15 ·r0 SUB TOTAL			\$ 495.00
Labour Charge			
Panel Beating	1	\$1,600.00	
Spray Painting Charge	1	\$1,400.00	
Wiring Charge	1	\$180.00	
Tuff Kote 2020 · 00	1	\$160.00	\$ <del>160.</del> 00
Towing Charge	1	\$80.00	\$80.00
Remove/Refix Cushion & Upholstery Rear	1	\$150.00	
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$ <del>550.0</del> 0
			\$4,120.00
TOTAL LABOUR			
TOTAL LABOUR			

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.

25,445.92

Note About Supp 2529.80

Part by Part. 7/P 15,098.52

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 ESTIMATE

## **SUPPLMENTARY ESTIMATE**

$D\Delta$	re.
	L

23-Oct-20

INSURANCE:

MSIG

MODEL:

**HYUNDAI IONIC** 

**VEHICLE NO.:** 

SHA 3699P (S)

Description	Qty	List Price	Amount	
Rear Bumper Centre Moulding Assy Lonker	1	\$ 451.25	\$ 451.25	1
Rear Tyre Rim (LH) 🛰	1	\$ 1,124.20	\$ 1,124.20	×
Rear Wheel Hup-Cap (LH)	1	\$ 346.40	\$ 346.40	X
Rear Wheelbearing & Hub assy ( LH ) P	1	\$ 554.00	\$ 554.00	1
Rear Trailing Arm(LH) ohstval	1	\$ 265.40	\$ 265.40	-
Rear Assist (LH) שיליציע	1	\$ 227.90	\$ 227.90	-
Rear shock Absorber(LH) ou strou	1	\$ 230.50	\$ 230.50	4
Rear Upper Arm(LH) oh strand	1	\$ 239.50	\$ 239.50	4
Rear Lower Arm(LH)	1	\$ 393.10	\$ 393.10	4
Rear Knuckle Arm (LH) oh staal	1	\$ 538.10	\$ 538.10	
		\		
J 899.75 SUB TOTAL			\$ 4,370.35	
LESS 20%			\$ 874.07	
2319.80 DISCOUNTED TOTAL			\$ 3,496.28	
4				
Labour Charge				
Remove/Refix Undercarriage (RR)	1	\$400.00	\$400.00	150
Four Wheel Alignment 210・の	1	\$120.00	\$120.00	601
Re-set Frt ABS System Vep And	1	\$200.00	\$200.00	
				1
TOTAL LABOUR			\$720.00	1
ESTIMATE TOTAL			\$4,216.28	1

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.

2529.80

# Phone Number:

SHA3699P

Customer:	
-----------	--

Fax Number:

23/10/2020 11:39 AM

Company:

License NO:

Date: VIN

VIN Technician:

Odometer:

Order NO:

## **VEHICLE ALIGNMENT REPORT**

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

Primary Angles			Initial	Specifi Min.	Final	
	Caster	Left	4°49'	4°00'	Max. 5°00'	4°50'
		Right	4°52'	4°00'	5°00'	4°53'
	Camber	Left	-0°25'	-1°00'	0°00'	-0°25'
Front	Substitution of the substi	Right	-0°19'	-1°00'	0°00'	-0°19' '
	Toe	Left	1°29' *	-0°02'	0°05'	1°50' *
		Right	-1°52' *	-0°02'	0°05'	-2°05' *
		Total	-0°22' *	-0°04'	0°11'	-0°15' *
	Camber	Left	-2°15' *	-1°25'	-0°25'	-2°12' *
		Right	-1°37' *	-1°25'	-0°25'	-1°37' *
Rear	Toe	Left	-3°37' *	0°00'	0°11'	-3°38' *
Mai		Right	0°05'	0°00'	0°11'	0°05'
		Total	-3°32' *	0°00'	0°22'	-3°34' *
	Thrust Angle		1°51'			
Secondary Angles			Initial	Specifications		Final
		Left	11°40' *	Min. 13°18'	Max. 14°18'	11°40' *
SAI			10°57' *	13°18'	14 18 14°18'	10°57' *
		Right				
Included Ar	ngle	Left	11°15'	900 900 900		11°15'
		Right	10°38'			10°39'
Toe Out On Turns		Left	200 000 000	300 MID MID SIC		300 GEO GEO
		Right	30 M M M	2000		
Max Turn I	nside	Left		38°00'	41°00'	cas cas cas rac
		Right		38°00'	41°00′	
Toe Curve	Change	Left		30 00 00 00		San 600 900 900
		Right			:	
Setback		Front	-0.12"	COC CAP MRC ONC		-0.12"
		Rear	-0.80"			-0.80"
Track Widt	h Diff.		-0.05"			-0.05"
Wheel Base Diff.		·	0.68"			0.68"
i Tont Mac Height		Left			30 mm mg mm	
		Right				
Rear Ride Height		Left			200 000 000	
		Right				
Frame Ang	ile					