

## ASSIGNMENT

COB 2025 Dec

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. \_\_\_\_\_

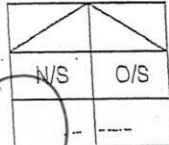
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 9 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: SHC 2123 E Yr Regn: Dec/2017

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 402453 T/Radio: Insured / Std / NI / NAEng/No: D4FDHU730959C/No: KMH12B41UMHU100087Gen. 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: 205/60 R16R: — 11 —

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

TOYO / YOKO or Duraturu

Front

Rear

R/Bal. S' mm R/Bal. S' mmL/Bal. S' mm L/Bal. S' mmD.O.A. 30/10/2020 D.O.I. 04/11/2020Survey held at Bifrost Sin Ming

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

N/S Rev

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

Date / Time Action / Instruction

Budget Direct SKB5373A20/04/2021 James 1/s 12000/- with 9 days 7 eq (Red. 21,611.24, 642)

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 9Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S+RS, SI

Photos

Others

TOTAL

Report Format: TPLump Sum / I.B.I: (\$ 812,000/-)

Add Fee:



Site Insp (\$



Interview (\$



Tech. Irvs (\$



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	02/11/2020 15:12
Date Of Accident	30/10/2020 14:00
Exact Location Of Accident	ALONG EUNOS RD 5 X EUNOS AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2123E
<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	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	PHANG KOK WAH
NRIC No	SXXXX283G
Date Of Birth	16/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	17/01/1985
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97951804
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 113 RIVERVALE WALK #08-39
Postcode	540113
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 ON COLLISION
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)	2
Passenger 1	NAME: : -
	GENDER: : FEMALE

#### 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 SIDE

#### 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	SKB5373A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIN YONG XIANG
NRIC/Passport Number	
Contact Number	96788981
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	KARTIKHA GOVINDA RAJOO
Approximate Age	
Injuries Sustain	FELT PAIN AT THE BACK AREA
Injured person in which vehicle?	SHC2123E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

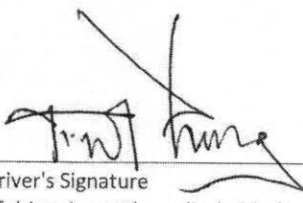
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material 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

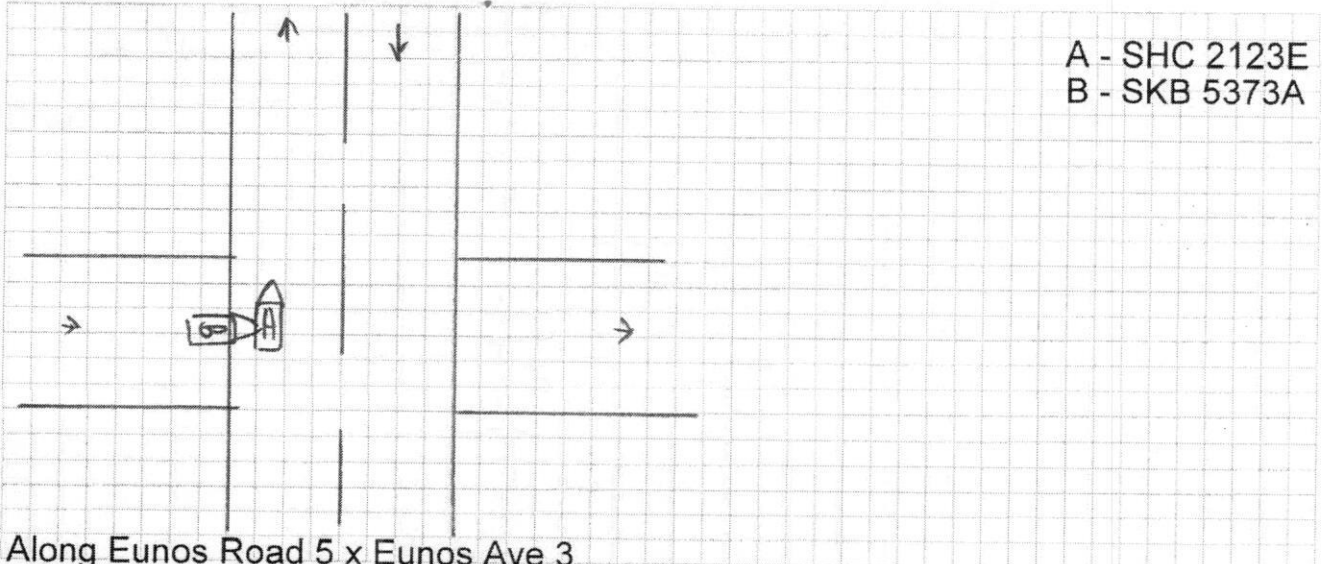
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 30.10.2020  
@ 17:00 hrs

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



# SKETCH PLAN



Along Eunos Road 5 x Eunos Ave 3

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30.10.2020 at about 14:00 hours I was travelling along Eunos Road 5 x
Eunos Ave 3 with One Female Passenger onboard .
While I was travelling straight , suddenly veh B ( SKB 5373A ) dash out without
giving way to me and collided into my taxi A - Left Rear Portion .
I have company video and photo to support my claims .
After the accident my female passenger felt pain at the back area .
Female Passenger : Kartikha Govinda Rajoo H/P : 8267 7644
Veh B ( SKB 5373A ) - Mr Lin Yong Xiang H/P : 9678 8981

## 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: 30.10.2020  
@ 17:00 hrs

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

# BIFROST AUTO PTE LTD

## REPAIR ESTIMATE

DATE: 2-Nov-20  
 MODEL: HYUNDAI I40  
 VEHICLE NO.: SHC 2123 E

INSURANCE:

04/11/2020 0900hrs  
 HUA Antenna  
 L/Sun 97 days.  
 LKK Antenna  
 Ryan  
 AGI.  
 Check part prices.

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BOOTLID NH	1	\$2,174.90	\$2,174.90
BOOTLID RUBBER NH	1	\$96.50	\$96.50
BOOTLID HINGE (LH/RH) NH	2	\$284.60	\$569.20
BOOTLID LOCK UPPER NH	1	\$114.90	\$114.90
BOOTLID LOCK LOWER NH	1	\$23.20	\$23.20
BOOTLID KEY LOCK NH	1	\$68.00	\$68.00
BOOTLID I40 EMBLEM (I40) Hec	1	\$67.90	\$67.90
BOOTLID 'H' EMBLEM NH	1	\$63.10	\$63.10
BOOTLID CRDI PLATE Hec	1	\$52.40	\$52.40
BOOTLID LAMP (LH/RH) NH	2	\$1,131.20	\$2,262.40
BOOTLID TRIMBOARD NH	1	\$343.90	\$343.90
BOOTLID TRIMBOARD CLIPS (11 PCS) NH	1	\$11.00	\$11.00
BOOTLID MOULDING (I40) 3 money broken	1	\$385.30	\$385.30
BOOTLID LOWER GARNISH CHROME(I40) broken	1	\$227.90	\$227.90
REAR BUMPER Dented / money broken 553.00	1	\$1,106.00	\$1,106.00
REAR BUMPER REINFORCEMENT BRACKET NH	1	\$160.60	\$160.60
REAR BUMPER REINFORCEMENT NH	1	\$428.40	\$428.40
REAR BUMPER CLIP Hec	1	\$19.00	\$19.00
REAR BUMPER SPONGE NH	1	\$119.50	\$119.50
REAR BUMPER UNDER COVER NH	1	\$228.00	\$228.00
REAR BUMPER REFLECTOR LAMP (I40) NH	2	\$32.00	\$64.00
TAIL LAMP (LH/RH) o/s NH n/s 2 money broken	2	\$697.80	\$1,395.60
TAIL LAMP QUARTER PANEL (LH) NH	1	\$453.00	\$453.00
REAR PANEL NH	1	\$526.70	\$526.70
REAR PANEL LOWER NH	1	\$367.20	\$367.20
REAR PANEL GARNISH NH	1	\$57.70	\$57.70
PANEL ASSY-REAR FLOOR SIDE (LH) not rep	1	\$177.00	\$177.00
SPARE TYRE HOLDER NH	1	\$223.10	\$223.10
SPARE WHEEL LOCK NUT NH	1	\$41.80	\$41.80
SPARE TYRE PANEL NH	1	\$852.80	\$852.80
SPARE TYRE PANEL CUSHION NH	1	\$223.10	\$223.10
MEMBER-ASSY-REAR FLOOR CENTRE NH	1	\$570.40	\$570.40
REAR TOWING HOOK NH	1	\$194.60	\$194.60
REAR FENDER Bnc Repaired	1	\$2,171.40	\$2,171.40
REAR FENDER WITH HOUSING(LH) Bnc / Dented	1	\$4,736.80	\$4,736.80
REAR FENDER UNDER SHIELD(LH) 2 torn 166.15	1	\$338.60	\$338.60
FUEL LID COVER LH NH	1	\$82.10	\$82.10
FUEL LID GARNISH COVER NH	1	\$361.20	\$361.20
REAR TRAY LUGGS SIDE (LH) NH	1	\$232.60	\$232.60
REAR FENDER AIR-DUCT (LH) not / damaged	1	\$51.60	\$51.60
REAR FENDER TRIM BOARD (LH) NH	1	\$688.75	\$688.75
REAR WINDSCREEN MOULDING Hec	1	\$51.80	\$51.80
REAR DOOR (LH) Dented	1	\$2,201.10	\$2,201.10

REAR TYRE RIM (LH) 2 distal	325.30	1	\$650.60	\$650.60	✓
REAR TYRE WHEEL CAP 1st cut	107.10	1	\$214.20	\$214.20	✓
REAR WHEEL BEARING IN & HUB 2 Down	362.00	1	\$724.00	\$724.00	✓
REAR TRAILING ARM (LH) 2 distal	192.00	1	\$384.00	\$384.00	✓
REAR ASSIST (LH) 2 distal	145.70	1	\$219.40	\$219.40	✓
REAR SHOCK ABSORBER (LH) 2 1st	276.30	1	\$683.70	\$683.70	✓
REAR SHOCK ABSORBER MOUNTING (LH) 1st		1	\$162.60	\$162.60	X
ABS SENSOR 1st		1	\$217.90	\$217.90	X
REAR CROSS MEMBER 2 distal		1	\$2,021.50	\$2,021.50	✓
STABILIZER BAR 1st		1	\$199.60	\$199.60	X
STABILIZER LINK 1st		1	\$85.90	\$85.90	X
REAR UPPER ARM (LH) 2 1st		1	\$335.75	\$335.75	✓
REAR LOWER ARM (LH) 2 distal		1	\$353.80	\$353.80	✓
REAR KNUCKLE ARM (LH) 2 distal		1	\$545.60	\$545.60	✓
<b>SUB TOTAL</b>	<b>13875.80</b>			<b>\$31,383.60</b>	
<b>LESS 20%</b>				<b>\$6,276.72</b>	
<b>DISCOUNTED TOTAL</b>	<b>11100.64</b>			<b>\$25,106.88</b>	
BOOTLID COMFORT LOGO & TEL NO. STICKER 1st	SN	1	\$17.00	\$17.00	X
BOOTLID ADVERTISEMENT LOGO 1st	SN	1	\$100.00	\$100.00	X
REAR BUMPER RESERVE SENSOR 1st	SN	1	\$118.00	\$118.00	X
REAR BUMPER ADVERTISEMENT LOGO 1st	SN	1	\$50.00	\$50.00	✓
REAR BUMPER RUBBER MAT / 140 PLATE 1st	SN	1	\$50.00	\$50.00	X
REAR FENDER ADVERTISEMENT LOGO (LH) 1st	SN	1	\$100.00	\$100.00	✓
REAR WINDSCREEN SEALANT 1st	SN	1	\$46.00	\$46.00	✓
Rear Door Comfortdelgro & Apps Sticker(LH) 1st	SN	1	\$ 80.00	\$ 80.00	✓
REAR DOOR ADVERTISEMENT LOGO (LH) 1st	SN	1	\$100.00	\$100.00	✓
REAR TYRE (LH) 1st	SN	1	\$216.00	\$216.00	X
<b>SUB TOTAL</b>	<b>376.00</b>			<b>\$877.00</b>	
<b>Labour Charge</b>					
Panel Beating		1	\$1,600.00	\$1,600.00	800/-
Spray Painting Charge	LRK Auto Consultants hence notify the Repairer of the following:	1	\$1,400.00	\$1,400.00	800/-
Wiring Charge	• To resurvey before/after spray painting	1	\$180.00	\$180.00	30/-
Tuff Kote	• To display damaged part(s) during resurvey	1	\$160.00	\$160.00	40/-
Towing Charge	• Parts prices are subject to confirmation	1	\$80.00	\$80.00	1st
Remove/Refix Cushion & Upholstery Rear	• Third party survey is on a "Without Prejudice" basis	1	\$150.00	\$150.00	80/-
Remove/Refix Rear Windscreen Glass	• No illegal modification(s) is allowed	1	\$120.00	\$120.00	80/-
Remove/Refix Reverse Sensor	• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance company	1	\$120.00	\$120.00	40/-
Remove/Refix Undercarriage (RR)	Acknowledged by Repairer	1	\$400.00	\$400.00	150/-
Re-set Rear ABS System	Signature:	1	\$400.00	\$400.00	1st
Transfer of Door Mechanism REAR	Date:	1	\$80.00	\$80.00	60/-
Re-set Rear Power Window System		1	\$200.00	\$200.00	1st
Four Wheel Alignment	2250.00	1	\$120.00	\$120.00	60/-
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00	150/-
<b>TOTAL LABOUR</b>				<b>\$5,560.00</b>	
<b>ESTIMATE TOTAL</b>				<b>\$ 31,543.88</b>	
33,611.24					
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.					



# BIFROST AUTO PTE LTD

## REPAIR SUPPLEMENTARY

DATE: 5-Nov-20

INSURANCE: AGI

MODEL: HYUNDAI I40

VEHICLE NO.: SHA 4023 H (S) SHC 2123E

DESCRIPTION	QTY	LIST PRICE	AMOUNT
EXHAUST SILENCER (RH) <i>Dent</i> 967.70	1	\$1,935.40	\$1,935.40
SUB TOTAL			\$1,935.40
LESS 20%			\$387.08
DISCOUNTED TOTAL			\$1,548.32

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.

*yan*

*2 Kk Auto*

*8*

967.70  
20% *774.16*

13726.64  
Supp 1293.20  
15019.84

4/5 12,000/-

# BIFROST AUTO PTE LTD

## Supplementary ESTIMATE

DATE: 6-Nov-20

MODEL: HYUNDAI I40

VEHICLE NO.: SHC 2123E ( S )

INSURANCE: Budget Direct.

DESCRIPTION	QTY	LIST PRICE	AMOUNT
Neck Assy - Fuel Filler <i>Painted / Reval</i>	1	\$648.80	\$648.80
<b>SUB TOTAL</b>			<b>\$648.80</b>
<b>LESS 20%</b>			<b>\$129.76</b>
<b>DISCOUNTED TOTAL</b>			<b>\$519.04</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.