

ASS. REQ. BY:

CS/MSG 20012159/Dvd 3

## ASSIGNMENT

COB Nov 2027

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

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

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

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

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

of \_\_\_\_\_

Insured: SMS 4043TPolicy No. 29141714Claims No. 630628

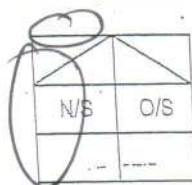
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: 7 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: SHD 4909L Yr Regn: Nov / 2019Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Hyundai Ionig c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 117031 T/Radio: Insured / Std / NI / NAEng/No: G4LEKU402967C/No: KMHCB851CVLU188409Gen. 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 / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

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

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 05/11/2020 D.O.A. 06/11/2020Survey held at Biggest Sin Ming

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

4/s Front y 4/s Posum

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

Date / Time Action / Instruction

MSG SMS 4043T

06/05/2001 Jncor: 7/P 9514.24 with 7 days 2 1/2 (Red 29, 116.56, 6790)

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2) 7/5 - typist

Report Format: merimenLump Sum / L.B.I. (\$) 9514.24Days Of Repair: 7Resurvey No. of Trip: 2

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

Transportation:

S+RS, \$

Photos

Others

TOTAL

## 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	05/11/2020 11:10
Date Of Accident	05/11/2020 02:10
Exact Location Of Accident	BEATTY LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4909L
<b>Insured/Policyholder</b>	
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	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	CHEW CHEE KEONG
NRIC No	SXXXX834H
Date Of Birth	12/07/1946
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1977
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91183784
Fax Number	
Contact Number	
Email Address	CHEWCHEEKEONG848@YAHOO.COM



Address	BLK 841 YISHUN STREET 81 #12-268
Postcode	760841
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 - OPENING DOOR OF VEHICLE
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)	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

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	SMJ4043T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH JIE MENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH DOOR
No. Of Passenger (Including Driver)	

## 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: 05.11.2020  
@ 10:15 hrs

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



A - SHD 4909L  
B - SMJ 4043T

Along Beatty Lane

B - SMJ 4043T

Along Beatty Lane

[illegible]

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: 05.11.2020  
@ 10:15 hrs

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

Phone Number:

Fax Number:

Customer:  
Company:  
License NO: SHD4909L  
Odometer:

Date: 6/11/2020 4:53 PM  
VIN  
Technician:  
Order NO:

**VEHICLE ALIGNMENT REPORT**

HYUNDAI, IONIQ hybrid 17&gt; AE Series All Models, 17-17 (Customized)

Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	4°57'	4°00'	5°00'	5°13' *
		Right	4°42'	4°00'	5°00'	4°46'
	Camber	Left	-0°33'	-1°00'	0°00'	-0°23'
		Right	-0°18'	-1°00'	0°00'	-0°18'
	Toe	Left	0°13' *	-0°02'	0°05'	0°17' *
		Right	-0°11' *	-0°02'	0°05'	-0°13' *
Total		0°01'	-0°04'	0°11'	0°04'	
Rear	Camber	Left	-2°05' *	-1°25'	-0°25'	-2°25' *
		Right	-1°53' *	-1°25'	-0°25'	-1°55' *
	Toe	Left	-0°02' *	0°00'	0°11'	-0°51' *
		Right	-0°01' *	0°00'	0°11'	-0°02' *
		Total	-0°03' *	0°00'	0°22'	-0°53' *
	Thrust Angle		0°00'	----		0°24'
Secondary Angles			Initial	Specifications		Final
				Min.	Max.	
SAI		Left	13°48'	13°18'	14°18'	13°48'
		Right	5°33' *	13°18'	14°18'	5°33' *
Included Angle		Left	13°15'	----	----	13°24'
		Right	5°15'	----	----	5°15'
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	-0.06"	----	----	-0.06"
		Rear	-0.26"	----	----	-0.26"
Track Width Diff.			-0.29"			-0.29"
Wheel Base Diff.			0.20"			0.20"
Front Ride Height		Left	----	----	----	----
		Right	----	----	----	----
Rear Ride Height		Left	----	----	----	----
		Right	----	----	----	----
Frame Angle						----



# BIFROST AUTO PTE LTD

## REPAIR ESTIMATE

DATE: 5-Nov-20

INSURANCE: MSIG

MODEL: HYUNDAI IONIQ

VEHICLE NO.: SHD 4909 L

Description	Qty	List Price	Amount
Front Bumper Cover <i>distorted / cut</i>	1	\$ 418.30	\$ 418.30
Front Bumper Lip <i>HH</i>	1	\$ 35.10	\$ 35.10
Front Bumper Bracket (LH/RH) <i>HH</i>	2	\$ 28.00	\$ 56.00
Front Bumper Clips 10 pcs <i>HH</i>	1	\$ 25.00	\$ 25.00
Front Bumper Grille (LH) <i>distorted cut</i>	1	\$ 186.90	\$ 186.90
Front bumper air duct (LH) <i>HH</i>	1	\$ 153.80	\$ 153.80
Day Light ,LH <i>x 2 HH</i>	1	\$ 642.50	\$ 642.50
Day Light Wire,LH <i>HH</i>	1	\$ 585.50	\$ 585.50
BUZZER ASSY - PIEZO (LH) <i>HH</i>	1	\$ 388.00	\$ 388.00
Headlamp Support Panel Assy <i>HH</i>	1	\$ 949.30	\$ 949.30
Headlamp(LH) <i>distorted</i> <b>2397.60</b>	1	\$ <del>3,987.30</del>	\$ <del>3,987.30</del>
Front Fender(LH) <i>Distorted</i>	1	\$ 490.70	\$ 490.70
Frt Door(LH) <i>Distorted</i>	1	\$ 1,797.20	\$ 1,797.20
Rear Door (LH) <i>Distorted</i>	1	\$ 1,789.90	\$ 1,789.90
Front Wheel Rim (LH) <i>HH</i>	1	\$ 1,124.20	\$ 1,124.20
Front Wheel Hub Cap and hub assy (LH) <i>HH</i>	1	\$ 678.50	\$ 678.50
Front Wheel Hub Cap <i>HH</i>	1	\$ 289.80	\$ 289.80
Front Shock Absorber(Assy)(LH) <i>HH</i>	1	\$ 372.50	\$ 372.50
Front Shock Absorber Mounting (LH) <i>HH</i>	1	\$ 206.90	\$ 206.90
Front Drive Shaft (LH) <i>HH</i>	1	\$ 1,136.70	\$ 1,136.70
Front drive shaft extension RH <i>HH</i>	1	\$ 1,125.80	\$ 1,125.80
Rack & Pinion Assy <i>HH</i>	1	\$ 1,087.40	\$ 1,087.40
STG Tie Rod <i>HH</i>	1	\$ 125.60	\$ 125.60
STG Tie End <i>HH</i>	1	\$ 94.70	\$ 94.70
Stabilizer Bar <i>HH</i>	1	\$ 326.80	\$ 326.80
Stabilizer Bar Link <i>HH</i>	1	\$ 92.10	\$ 92.10
Front Suspension Lower Arm (LH) <i>HH</i>	1	\$ 596.80	\$ 596.80
Knuckle Arm (LH) <i>HH</i>	1	\$ 663.60	\$ 663.60
ABS Sensor <i>HH</i>	1	\$ 290.00	\$ 290.00
Rear Bumper <i>distorted cut / mounting broken</i>	1	\$ 459.40	\$ 459.40
Rear Bumper Cover Clips <i>HH</i>	1	\$ 22.00	\$ 22.00
Rear Fender(LH) <i>Distorted</i>	1	\$ 1,768.30	\$ 1,768.30
FUEL LID GARNISH COVER <i>HH</i>	1	\$ 361.20	\$ 361.20
Rear Tyre Rim (LH) <i>HH</i>	1	\$ 1,124.20	\$ 1,124.20
Rear Wheel Hup-Cap (LH) <i>HH</i>	1	\$ 346.40	\$ 346.40
Rear Wheelbearing & Hub assy <i>HH</i>	1	\$ 554.00	\$ 554.00
Rear Trailing Arm(LH) <i>HH</i>	1	\$ 265.40	\$ 265.40
Rear Assist (LH) <i>HH</i>	1	\$ 227.90	\$ 227.90
Rear shock Absorber(LH) <i>HH</i>	1	\$ 230.50	\$ 230.50
Rear Shock Absorber Mounting (LH) <i>HH</i>	1	\$ 133.10	\$ 133.10
Rear Absorber stopper (LH) <i>HH</i>	1	\$ 137.60	\$ 137.60
Rear Absorber Cover (LH) <i>HH</i>	1	\$ 175.60	\$ 175.60



Rear Crossmember <i>NH</i>	1	\$ 1,468.70	\$ 1,468.70	X
Stabilizer Bar <i>NH</i>	1	\$ 387.30	\$ 387.30	X
Stabilizer Link (LH) <i>NH</i>	1	\$ 147.30	\$ 147.30	X
Rear Upper Arm(LH) <i>NH</i>	1	\$ 239.50	\$ 239.50	X
Rear Lower Arm(LH) <i>NH</i>	1	\$ 393.10	\$ 393.10	X
Rear Knuckle Arm (LH) <i>NH</i>	1	\$ 538.10	\$ 538.10	X
<i>9355.30</i>		<b>SUB TOTAL</b>	<b>\$ 28,696.50</b>	
		<b>LESS 20%</b>	<b>\$ 5,739.30</b>	
<i>7484.24</i>		<b>DISCOUNTED TOTAL</b>	<b>\$ 22,957.20</b>	
Emblem-Blue Drive (LH) <i>NH</i>	<i>SN</i> 1	\$ 26.60	\$ 26.60	<i>mark X</i>
Front Door Comfort Logo (LH) <i>NH</i>	<i>SN</i> 1	\$ 75.00	\$ 75.00	<i>✓</i>
Rear Door Tel No.Sticker(LH) <i>NH</i>	<i>SN</i> 1	\$ 10.00	\$ 10.00	<i>✓</i>
Rear Door Comfortdelgro & Apps Sticker(LH) <i>NH</i>	<i>SN</i> 1	\$ 80.00	\$ 80.00	<i>✓</i>
Front Tyre(LH) <i>NH</i>	<i>SN</i> 1	\$ 216.00	\$ 216.00	<i>X</i>
Rear Tyre(LH) <i>NH</i>	<i>SN</i> 1	\$ 216.00	\$ 216.00	<i>X</i>
<i>170.00</i>		<b>SUB TOTAL</b>	<b>\$ 623.60</b>	
<b>Labour Charge</b>				
Panel Beating	1	\$1,600.00	\$1,600.00	<i>700/-</i>
Spray Painting Charge	1	\$1,400.00	<del>\$1,400.00</del>	<i>1000/-</i>
Wiring Charge	1	\$160.00	<del>\$160.00</del>	<i>40/-</i>
Tuff Kote	1	\$180.00	<del>\$180.00</del>	<i>40/-</i>
Towing Charge	1	\$80.00	\$80.00	<i>40/-</i>
Remove/Refix Undercarriage (RR)	1	\$400.00	\$400.00	<i>40/-</i>
Re-set Rear ABS System	1	\$400.00	\$400.00	<i>40/-</i>
Transfer of Door Mechanism FRONT	<i>1860.00</i> 1	\$80.00	<del>\$80.00</del>	<i>60/-</i>
Re-set Frt Power Window System	1	\$200.00	\$200.00	<i>65/-</i>
Transfer of Door Mechanism REAR	1	\$80.00	<del>\$80.00</del>	<i>60/-</i>
Re-set Rear Power Window System	1	\$200.00	\$200.00	<i>40/-</i>
Four Wheel Alignment	1	\$120.00	\$120.00	<i>40/-</i>
Remove/Refix Undercarriage (Frt)	1	\$400.00	\$400.00	<i>40/-</i>
Re-set Frt ABS System	1	\$200.00	\$200.00	<i>40/-</i>
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00	<i>40/-</i>
<b>TOTAL LABOUR</b>			<b>\$6,050.00</b>	
<b>ESTIMATE TOTAL</b>			<b>\$ 29,630.80</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.

*06/11/2020 @ 1600 hrs*

*Not Attached*

*Part by Part*

*By you*

*LKK Auto*

*7/P 9514.24*

*7 days. Check consistency of damage.*

*Photo with damaged parts after repair ..*

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: