SS, REC. BY: CS MS	G20012159 DVd3
	ASSIGNMENT COB HOV 2027
om: Date:	Veh No: SHD 4909 L Yr Regn: NIV / 2019
stimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxn / Prime Nover /
DITPIWSITPRESIODRESIEVALINVIMV	Truck / Trailer or
o Inspect Vehicle No:	Make: Hyundai lonia c.o 1580
t Workshop m/s	Colour Blue A/C: Insured / Std / NI / NA
of	Sp.Reading (1703) T/Radio: Insured / Std / NI / NA
nsured:	Eng/No: G4LEKU402967:
Policy No.	C/No: KM+1C851CVLU188409
Claims No.	Gén. Cond: 2003 / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: In order / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inordar / Jammed / Leaked / Burnt or
Make of Veh:	Modl: Nil /STD A/Rim or
	Tyre Size: F: 195 65 7215
(Policy Condition)	R:
Remark: The veh had commenced its	2012011, 2010 11, 1012 22, 1110 1011 1101
repair at the time of inspection.	TOYOTYOKO or Westlete
Bal; or Market Value:	Front Rear
IDAC Accident Rport Consistent? : Yes or No	R/Bal. C mm R/Bal. S mm
GIA / PR Seen: Consistent? ; Yes or No	
Est. Repairs: S days Res.: Yes or No	
Lum Sum: 7 P. % 3 Val.: Yes or N	
CA J REV / REP. / 24 HRS	Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or cle: IN / OUT   S Front 4 H/S Portion
Date: Person Contacted:	cle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision
Date / Time   Action / Instruction	, and the state of
MSIG 8M5 4043	7
	100 0 0 0 0 0
	10 14
-	
+	
A CONTRACTOR OF THE CONTRACTOR	
Date/Time, File Pass to? Prell. Report	Days Of Repair:
ij : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2)	Add Fee: : Site Insp (\$)s+Rssi
4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	: Interview (\$) Photos
Report Format :	: Interview (\$ ) Photos : Tech. Invs (\$ ) Others
Report Format : Lump Sum / LBJ: (\$	

# **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 dutton   c-st	1	\$	418.30	\$	418.30
Front Bumper Lip 👊	1	\$	35.10	\$	35.10
Front Bumper Bracket (LH/RH) ы	2	\$	28.00	\$	56.00
Front Bumper Clips 10 pcs مادد	1	\$	25.00	\$	25.00
Front Bumper Grille (LH)	1	\$	186.90	\$	186.90
Front bumper air duct (LH)	1	\$	153.80	\$	153.80
Day Light ,LH * な ペル	1	\$	642.50	\$	642.50
Day Light Wire,LH	1	\$	585.50	\$	585.50
BUZZER ASSY - PIEZO (LH) HH	1	\$	388.00	\$	388.00
Headlamp Support Panel Assy Nu	1	\$	949.30	\$	949.30
Headlamp(LH) 🛏 CAUC	1	\$	3,987.30	\$	3,987.30
Front Fender(LH)	1	\$	490.70	\$	490.70
Frt Door(LH) Dank	1	\$	1,797.20	\$	1,797.20
Rear Door (LH)	1	\$	1,789.90	\$	1,789.90
Front Wheel Rim (LH)	1	S	1,124.20	\$	1,124.20
Front Wheel Hub Cap and hub assy (LH) NN	1	\$	678.50	\$	678.50
Front Wheel Hub Cap H-	1	\$	289.80	\$	289.80
Front Shock Absorber(Assy)(LH) H	1	\$	372.50	\$	372.50
Front Shock Absorber Mounting (LH) HA	1	\$	206.90	\$	206.90
Front Drive Shaft (LH) HH	1	\$	1,136.70	\$	1,136.70
Front drive shaft extension RH	1	\$	1,125.80	\$	1,125.80
Rack & Pinion Assy	1	\$	1,087.40	\$	1,087.40
STG Tie Rod HH	1	\$	125.60	S	125.60
STG Tie End HA	1	\$	94.70	\$	94.70
Stabilizer Bar HH	1	\$	326.80	\$	326.80
Stabilizer Bar Link HH	1	\$	92.10	\$	92.10
Front Suspension Lower Arm (LH) 서서	1	\$	596.80	\$	596.80
Knuckle Arm (LH) HH	1	\$	663.60	\$	663.60
ABS Sensor NH	1	\$	290.00	\$	290.00
Rear Bumper Cut	1	\$	459.40	-0.7	459.40
Rear Bumper Cover Clips Has	1	\$	22.00		22.00
Rear Fender(LH) Dente	1	\$	1,768.30	-	The second second second second
FUEL LID GARNISH COVER HA	1		\$361.20	\$	361.20
Rear Tyre Rim (LH)	1	S	1,124.20	\$	1,124.20
Rear Wheel Hup-Cap (LH) 서서	1	S	346.40	\$	346.40
Rear Wheelbearing & Hub assy	1	\$	554.00	\$	554.00
Rear Trailing Arm(LH) 러워	1	\$	265.40	\$	265.40
Rear Assist (LH) HA	1	\$	227.90	\$	227.90
Rear shock Absorber(LH)	1	\$	230.50	\$	230.50
Rear Shock Absorber Mounting (LH) HA	1	\$	133.10	\$	133.10
Rear Absorber stopper (LH) HH	1	\$	137.60	\$	137.60
Rear Absorber Cover (LH) HA	1	\$	175.60	\$	175.60

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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ \$ \$	239.50 393.10 538.10	\$ \$ \$ \$ \$	239.50 393.10 538.10 <b>28,696.50</b> <b>5,739.30</b>
1 L % 1 N 1 N 1 N 1 N 1 N 1	\$ \$	393.10 538.10 26.60	\$ \$	538.10 28,696.50 5,739.30
1 L % 1 N 1 N 1 N 1 N 1 N 1	\$	538.10	\$ \$	538.10 28,696.50 5,739.30
L % 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1	\$	26.60	\$ \$	28,696.50 5,739.30
% L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$		\$	5,739.30
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N 1 N 1 N 1 N 1	\$			22,957.20
N 1 N 1 N 1	\$		_	
N 1 N 1		75.00	\$	26.60
N 1	2	75.00	\$	75.00
V 1	I W	10.00	\$	10.00
	\$	80.00	\$	80.00
N 1	\$	216.00	\$	216.00
	\$	216.00	\$	216.00
L			\$	623.60
1		\$1,600.00		\$1,600.00
1		\$1,400.00		\$1,400.00
1		\$160.00		\$160.00
1		\$180.00		\$180.00
1		\$80.00		\$80.00
1		\$400.00		\$400.00
1		\$400.00		\$400.00
1	- 69	\$80.00		\$80.00
1		\$200.00		\$200.00
1		\$80.00		\$80.00
1		\$200.00		\$200.00
1	- J.	\$120.00	/	\$120.00
1		\$400.00		\$400.00
1		\$200.00		\$200.00
1		\$550.00		\$550.00
				\$6,050.00
			•	29,630.80
	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 \$80.00 1 \$400.00 1 \$400.00 1 \$80.00 1 \$200.00 1 \$200.00 1 \$120.00 1 \$400.00 1 \$200.00	1 \$80.00 1 \$400.00 1 \$400.00 1 \$80.00 1 \$200.00 1 \$200.00 1 \$200.00 1 \$120.00 1 \$400.00 1 \$200.00 1 \$550.00

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.

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Part by Part 5 day, Check consistency of

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again very in

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

AS gnature:

# 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 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.
- 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	

SALAR SALARYS	MINISTRAL PROPERTY OF THE PARTY	eSAE	Very an	
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

MS FIRST CAPITAL INSURANCE LTD THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage

YES

Policy Number

Fleet Policy

D-18088937MFSH

Cover Note Number

#### Driver

Name of Driver

CHEW CHEE KEONG

NRIC No

SXXXX834H

Date Of Birth

12/07/1946

Occupation

Date Of Driving Pass

OUTDOOR 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

NO

ambulance?

YES

Was any other material or property damaged? 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)

Page 2 of 21

# 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.
- 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>.
- 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.
- 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.
- 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:
  - 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.

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:

NRIC/FIN No .:

Wilson

A - SHD 4909L
B - SMJ 4043T

Along Beatty Lane

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 05.11.2020 at about 02:10 hours I was travelling along Beatty Lane with no
Passenger onboard .
While travelling straight, suddenly veh B (SMJ 4043T) open the driver door and
Collided into the whole Left Portion of my taxi .
No injury in this accident .
I have company video and photo to support my claims .
Veh B (SMJ 4043T) - Mr Koh Jie Meng
ACCIADATION.

DECLARATION

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

OMFORT 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 200

Reporting Centre Personnel's Signature
Name: Wilson

NRIC/FIN No.:

17

# Phone Number: Fax Number:

Customer:

6/11/2020 4:53 PM

Company:

License NO:

SHD4909L

Date: VIN

Technician:

Odometer:

Order NO:

# VEHICLE ALIGNMENT REPORT

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

Primary Angles		Initial	Specifi	Final			
r illiary Angles			1111001	Min. Max.		*	
	Caster	Left	4°57'	4°00'	5°00'	5°13' *	
	5215 52320	Right	4°42'	4°00'	5°00'	4°46'	
Front	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' *	
	0.50000	Right	-0°11' *	-0°02'	0°05'	-0°13' *	
		Total	0°01'	-0°04'	0°11'	0°04'	
	Camber	Left	-2°05' *	-1°25'	-0°25'	-2°25' *	
	To company of the control	Right	-1°53' *	-1°25'	-0°25'	-1°55' *	
Rear	Toe	Left	-0°02' *	0°00'	0°11'	-0°51' *	
Real	1.367.67	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		
Second	lary Angles		portunitario.	Min.	Max.	MANAGAN	
SAI		Left	13°48'	13°18'	14°18'	13°48'	
O/II		Right	5°33' *	13°18'	14°18'	5°33' *	
Included Angle		Left	13°15'			13°24'	
		Right	5°15'			5°15'	
Toe Out Or	Turns	Left		****	****		
		Right				****	
Max Turn I	neide	Left		38°00'	41°00'		
wax Turri	113146	Right		38°00'	41°00'		
Toe Curve	Change	Left					
		Right		-days		****	
Setback		Front	-0.06"		1242	-0.06"	
Cathack		Rear	-0.26"			-0.26"	
Trook Mids	h Diff		-0.29"			-0.29"	
Track Width Diff. Wheel Base Diff.			0.20"	×		0.20"	
Front Ride	Height	Left		20000000		1/2035//	
	.010 702 € 1,038	Right	***	****		(****	
Rear Ride	Height	Left	-	3,7777.0			
		Right		****			
Frame Ang	de .	11 30 Table 1					