

OS/EQ I20012187/Dyad 3

ASSIGNMENT

CUE Oct 2023

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: _____

Veh No: STD 7047 D Yr Regn: Oct/2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai I40 c.c 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp.Reading: N.A. T/Radio: Insured / Std / NI / NA
 Eng/No: D4FD 6U 656067
 C/No: KMH1LB41UMGU078585
 Gen. 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 _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Tyre Size: F: 205/60 R16
 R: — " —
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front Rear
 R/Bal. S mm R/Bal. S mm
 L/Bal. S mm L/Bal. S mm
 D.O.A. 04/11/2020 D.O.A. 09/11/2020
 Survey held at Bijoy's Sin Ming
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof top or
Front
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: _____
 IDAC Accident Rpt _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 13 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>EQ SMU 4783H</u>
	<u>Vehicle balance 2 yrs 11 mths</u>
<u>20/05/22</u>	<u>Insured 1/518000/- with 13 days of repair</u> <u>(Red: 35803.12 : 66%)</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report
 Date/Time, File Return to?

Days Of Repair: 13
 Resurvey No. of Trip: _____

Report Format: TP
 Lump Sum / L.B.I: (\$) 18000/-

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

Survey Fee: _____
 Transportation: _____
 S+RS SI _____
 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 14:44
Date Of Accident	04/11/2020 23:30
Exact Location Of Accident	ANG MO KIO AVE 8 X BISHAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7047D
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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	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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	TAXI
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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	JUMALI BIN KASSIM
NRIC No	SXXXX314G
Date Of Birth	14/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1981
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97707610
Fax Number	
Contact Number	
Email Address	JUMALI_K@HOTMAIL.COM

Address	BLK 778 YISHUN AVENUE 2 #03-1567
Postcode	760778
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	DRIZZLING
Road Surface	WET

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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20201105/2052 * 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	SMU4783H
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	LOW JIA YI
NRIC/Passport Number	
Contact Number	94528761
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JUMALI BIN KASSIM
Approximate Age	
Injuries Sustain	NECK, LOWER BACK SPRAIN
Injured person in which vehicle?	SHD7047D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2020 12:52		Vide Report No.:		Station Diary No.: 87	
Informant's Particulars					
Name of Informant: JUMALI BIN KASSIM			Address: APT BLK 778 YISHUN AVENUE 2 #03-1567 SINGAPORE 760778		
ID Type / ID No.: NRIC NO / S0163314G			Contact No.: Home/Office: Mobile: 97707610		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 14/05/1953	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/11/2020 23:30	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 8				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD7047D	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Seriously Damaged	2
SMU4783H	Car	MAZDA	MAZDA3 4DR 1.5 AT M-HYBRID ELEGANCE	Grey	Seriously Damaged	1



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Brief Details.

1) On 04 November 2020 at about 2330hrs, I was driving a vehicle with the registration number (SHD7047D) with two passenger. I am travelling at the third lane on a five lane road from Ang Mo Kio Avenue 8 towards Bishan. As I was approaching the cross junction between Ang Mo Kio Avenue 8 and Ang Mo Kio Avenue 1. I observed that the traffic light was green as such I proceed to cross the junction towards Bishan. However, there was a vehicle with the registration number (SMU4783H) travelling on the opposite side of the road from Bishan. The vehicle (SMU4783H) make a right turn towards Ang Mo Kio Avenue 1 when the arrow signal light was red.

2) The vehicle came in-front of me while I was moving straight and the vehicle was turning right. I am unable to stop my vehicle in time and we collided with one another. The traffic police was at the location and both of the vehicle was towed away. I checked with everyone at the location and was informed that there are no injuries.

3) On 05 November 2020, I felt some discomfort on my body and went to the Hospital. The diagnosis was neck and lower back strain and I was given 5 days of medical certificate. I wish to add on that I received a call from the employer of the passenger and asked for my personal particular because the passengers forget to ask during the traffic accident as the female passenger believed to had injured during the accident.

Passengers

* Kenny Ching Yang Fau / G8371677R / Male / 8307 5713

* May Sabai Pwint / G5102954R / Female / 9795 4030



**SINGAPORE
POLICE FORCE**



T/20201105/2052

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20201105/2052

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Sgt 1 GAN WEI LEONG, ALASTAIR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/11/2020 12:52
Officer In Charge Of Case: TP / GIT / Contact No.:	Classification Of Case:

Authentication Stamp
NP168


 Signature: 
 Singapore Police Force

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.**
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5. **Any false reporting may be referred to the Police for investigation.**
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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)

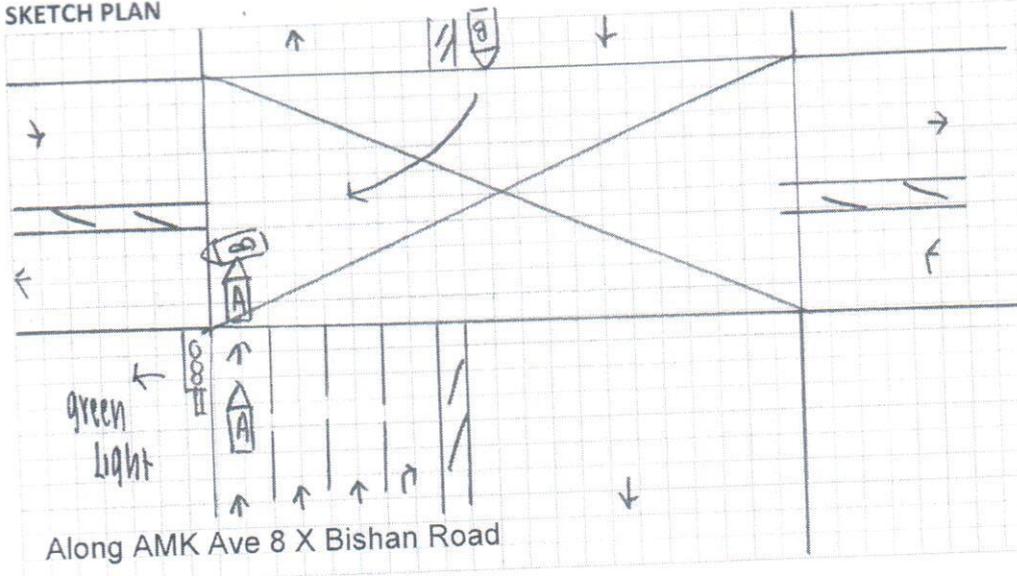
Date & Time:
05.11.2020
@14:00 hrs


Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Regina

SKETCH PLAN



A - SHD 7047D
B - SMU 4783H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

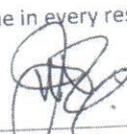
Refer to Police Report : T/20201105/2052

DECLARATION

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

COMFORT TRANSPORTATION PTE L.
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 05.11.2020
@14:00 hrs


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

Regina

AIR BAG CONTROL MODULE <i>activated</i>		1	\$1,894.00	\$1,894.00	✓
STEERING AIR BAG <i>activated</i>		1	\$1,150.60	\$1,150.60	✓
SENSOR ASSY IMPACT - FRONT IMPACT <i>HL</i>		1	\$1,180.50	\$1,180.50	X
AIR BAG SENSOR (2 PCS) <i>activated</i>		2	\$1,160.00	\$1,160.00	✓
SUB TOTAL	<i>20349.65</i>			\$33,019.30	
LESS 20%				\$6,603.86	
DISCOUNTED TOTAL	<i>16279.72</i>			\$26,415.44	
FRONT NUMBER PLATE <i>distorted / broken</i>	SN	1	\$25.00	\$25.00	} 45
FRONT NO. PLATE TRIM COVER <i>distorted / broken</i>	SN	1	\$30.00	\$30.00	
FRONT FENDER ADVERTISEMENT LOGO (LH/RH) <i>HL</i>	SN	2	\$100.00	\$200.00	
FRONT WINDSCREEN SEALANT <i>HL</i>	SN	1	\$45.00	\$45.00	
SUB TOTAL	<i>290.00</i>			\$300.00	
Labour Charge					
Panel Beating		1	\$1,600.00	\$1,600.00	1200
Spray Painting Charge		1	\$1,400.00	\$1,400.00	800
Wiring Charge		1	\$180.00	\$180.00	300
Tuff Kote		1	\$160.00	\$160.00	400
Towing Charge		1	\$80.00	\$80.00	40
Remove/Refix Radiator		1	\$90.00	\$90.00	500
Remove/Refix Aircon & Refill Gas		1	\$130.00	\$130.00	800
Remove/Refix Fuse Box	<i>2810.00</i>	1	\$120.00	\$120.00	400
Remove/Refix Front Windscreen Glass		1	\$120.00	\$120.00	400
Remove/Refix Engine		1	\$600.00	\$600.00	2500
Remove/Refix Dashboard		1	\$350.00	\$350.00	400
Remove/Refix Air Bag/Steering Wheel/Dashboard/Seat		1	\$550.00	\$550.00	1800
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00	1800
TOTAL LABOUR				\$5,930.00	
ESTIMATE TOTAL				\$ 32,645.44	

53803.12

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.

09/11/2020 @ 0900hrs
Not Activated
2/sum 13 days.
Ryan
LKK Auto

19379.72
Supp 8288.00
27667.72
2/18000/-

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:

Provide Book Value before finalization.

BIFROST AUTO PTE LTD

REPAIR SUPPLEMENTARY

DATE: 9-Nov-20

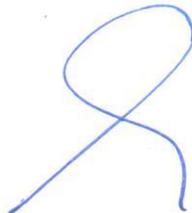
INSURANCE: EQ

MODEL: HYUNDAI I40

VEHICLE NO.: SHD 7047 D (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
DEVICE ASSY - SWIRL <i>broken</i> 835.10	1	\$1,367.20	\$1,367.20
RADIATOR HOSE UPPER <i>deflower</i>	1	\$229.50	\$229.50
RADIATOR HOSE LOWER <i>HI</i>	1	\$135.60	\$135.60
AIR CLEANER BOTTOM ASSY <i>broken</i>	1	\$325.00	\$325.00
AIR DUCT <i>broken</i>	1	\$171.70	\$171.70
AIRCON SUCTION & LIQUID HOSE <i>1st</i>	1	\$549.10	\$549.10
AIRCON DISCHARGE HOSE <i>SN</i>	1	\$194.40	\$194.40
FRONT SAFETY BELT ASSY (LH/RH) <i>actinder</i>	2	\$477.20	\$954.40
WIPER GARNISH <i>broken</i> 222.60	1	\$476.60	\$476.60
WIPER SPARE TANK ASSY <i>crack/deflower</i> 61.90	1	\$486.70	\$486.70
FRONT CHASSIS MEMBER (LH/RH) <i>W/S BT o/s rep</i>	2	\$1,060.70	\$2,121.40
STARTER MOTOR ASSY <i>2 Socket broken</i>	1	\$950.00	\$950.00
EGR VALVE & PIPE ASSY <i>2 HI</i>	1	\$2,685.50	\$2,685.50
GEARBOX <i>2 momenty broken</i>	1	\$15,800.00	\$15,800.00
	SN	4000.00	4000.00
SUB TOTAL			\$26,447.10
LESS 20%			\$5,289.42
DISCOUNTED TOTAL			\$21,157.68

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.

you
2kk Auto


5360.00
 207, 4288.00
 SN 4000.00

 8288.00