

ASSIGNMENT

COE June 2024

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. MD000478

Claims No. M2005627

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S O/S

Bal. or Market Value: _____

IDAC Accident Rpt _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 8HA 1736 D Yr Regn: 2016 June

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

Truck / Trailer or

Make: Hyundai I40 c.o 1685

Colour Blue A/C: Insured / Std / NI / NA

Sp. Reading 653667 T/Radio: Insured / Std / NI / NA

Eng/No: D4FD GU626231

C/No: KMHILB41UMGU090102

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60 7.16

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. 11/11/2020 D.O.A. 13/11/2020

Survey held at Bifrost Sin Ming

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

Front N/S

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

Date / Time Action / Instruction

To Kio GBC 3732L

17/11/2020 3.54pm revised to Francis Ng via Mccimen.

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Photos

Others

TOTAL

Report Format : _____

Lump Sum / L.B.I. (\$) _____

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 12-Nov-20

INSURANCE: Tolo

MODEL: HYUNDAI I40

VEHICLE NO.: SHA 1736 D

| DESCRIPTION | QTY | LIST PRICE | AMOUNT | |
|--|-----|-----------------------|-----------------------|---|
| BONNET <i>Demol</i> | 1 | \$2,265.90 | \$2,265.90 | ✓ |
| BONNET RUBBER (LH) <i>NH</i> | 1 | \$35.70 | \$35.70 | X |
| BONNET HINGE (LH/RH) <i>NH</i> | 2 | \$126.70 | \$253.40 | X |
| BONNET LOCK <i>NH</i> | 1 | \$142.40 | \$142.40 | X |
| BONNET ABSORBER (LH ONLY) <i>NH</i> | 1 | \$61.60 | \$61.60 | X |
| BONNET INSULATOR <i>NH</i> | 1 | \$202.50 | \$202.50 | X |
| BONNET INSULATOR CLIP 10 PCS <i>NH</i> | 1 | \$36.80 | \$36.80 | X |
| BONNET SEAL <i>NH</i> | 1 | \$31.90 | \$31.90 | X |
| BONNET INSULATOR CLIPS <i>NH</i> | 1 | \$15.00 | \$15.00 | X |
| BONNET CABLE <i>NH</i> | 1 | \$69.60 | \$69.60 | X |
| RADIATOR GRILLE H EMBLEM <i>NH</i> | 1 | \$129.50 | \$129.50 | ✓ |
| RADIATOR GRILLE <i>Crack</i> | 1 | \$1,480.00 | \$1,480.00 | ✓ |
| FRONT BUMPER COVER <i>tom (Demol)</i> | 1 | \$1,052.20 | \$1,052.20 | ✓ |
| FRONT BUMPER REINFORCEMENT <i>NH</i> | 1 | \$588.40 | \$588.40 | X |
| FRONT BUMPER GRILLE (LH) <i>NH</i> | 1 | \$149.20 | \$149.20 | X |
| FRONT BUMPER LIP <i>NH</i> | 1 | \$152.00 | \$152.00 | X |
| FRONT BUMPER BRACKET TOP (LH/RH) <i>NH</i> | 2 | \$44.80 | \$89.60 | X |
| FRONT BUMPER BRACKET (LH/RH) <i>N/S broken/St O/S NH</i> | 2 | \$49.20 | \$98.40 | ✓ |
| FRONT BUMPER RETAINER MOUNTING <i>NH</i> | 1 | \$76.20 | \$76.20 | X |
| FRONT BUMPER GRILLE AIR DUCT (LH) <i>NH</i> | 1 | \$126.20 | \$126.20 | X |
| HEADLAMP SUPPORT PANEL ASSY <i>broken/crack</i> | 1 | \$907.40 | \$907.40 | ✓ |
| HEADLAMP (LH/RH) <i>N/S broken O/S NH</i> | 2 | \$2,776.00 | \$5,552.00 | ✓ |
| HEADLAMP SUPPORT TOP COVER <i>NH</i> | 1 | \$222.60 | \$222.60 | X |
| RADIATOR <i>NH</i> | 1 | \$1,637.20 | \$1,637.20 | X |
| FRONT FENDER (LH) <i>Demol</i> | 1 | \$566.30 | \$566.30 | ✓ |
| FRONT FENDER APRON PANEL (LH) <i>Demol</i> | 1 | \$637.00 | \$637.00 | ✓ |
| FRONT FENDER SHIELD (LH) <i>2 torn</i> | 1 | \$174.90 | \$174.90 | ✓ |
| AIRCON CONDENSER <i>NH</i> | 1 | \$947.80 | \$947.80 | X |
| FRONT WHEEL RIM (LH) <i>NH</i> | 1 | \$650.60 | \$650.60 | X |
| KNUCKLE ARM (LH) <i>2 distors</i> | 1 | \$595.90 | \$595.90 | ✓ |
| FRONT WHEEL BEARING HUB ASSY (LH) <i>2 Dam</i> | 1 | \$673.20 | \$673.20 | ✓ |
| FRONT SUSPENSION LOWER ARM (LH) <i>2 distors</i> | 1 | \$1,104.00 | \$1,104.00 | ✓ |
| FRONT SHOCK ABSORBER ASSY (LH) <i>2 distors</i> | 1 | \$684.40 | \$684.40 | ✓ |
| FRONT SHOCK ABSORBER MOUNTING (LH) <i>NH</i> | 1 | \$217.60 | \$217.60 | X |
| STG TIE ROD (LH) <i>2 distors</i> | 1 | \$186.40 | \$186.40 | ✓ |
| STG TIE END (LH) <i>2 St</i> | 1 | \$125.20 | \$125.20 | ✓ |
| STABILIZER BAR ASSY <i>NH</i> | 1 | \$463.70 | \$463.70 | X |
| STABILIZER BAR LINK (LH) <i>NH</i> | 1 | \$68.10 | \$68.10 | X |
| ABS SENSOR <i>NH</i> | 1 | \$217.90 | \$217.90 | X |
| FRONT DRIVE SHAFT (LH) <i>NH</i> | 1 | \$2,061.60 | \$2,061.60 | X |
| RACK & PINION ASSY <i>2 Dam</i> | 1 | \$1,820.00 | \$1,820.00 | ✓ |
| FRONT CHASSIS MEMBER (LH) <i>NH</i> | 1 | \$1,060.70 | \$1,060.70 | X |
| INTER COOLER <i>NH</i> | 1 | \$1,032.50 | \$1,032.50 | X |

| | | | | |
|--|----|---|------------|-----------------------------|
| | | | | |
| SUB TOTAL | | | | \$28,663.50 |
| LESS 20% | | | | \$5,732.70 |
| DISCOUNTED TOTAL | | | | \$22,930.80 |
| | | | | |
| FRONT FENDER ADVERTISEMENT LOGO <i>Hec</i> | SN | 1 | \$100.00 | \$100.00 ✓ |
| FRONT TYRE (LH) <i>HN</i> | SN | 1 | \$216.00 | \$216.00 X |
| SUB TOTAL | | | | \$316.00 |
| | | | | |
| Labour Charge | | | | |
| Panel Beating | | 1 | \$1,600.00 | \$1,600.00 700/- |
| Spray Painting Charge | | 1 | \$1,400.00 | \$1,400.00 700/- |
| Wiring Charge | | 1 | \$180.00 | \$180.00 30/- |
| Tuff Kote | | 1 | \$160.00 | \$160.00 40/- |
| Towing Charge | | 1 | \$80.00 | \$80.00 40/- |
| Four Wheel Alignment | | 1 | \$120.00 | \$120.00 60/- |
| Remove/Refix Undercarriage (Frt) | | 1 | \$400.00 | \$400.00 150/- |
| Re-set Frt ABS System | | 1 | \$200.00 | \$200.00 40/- |
| Remove/Refix Radiator | | 1 | \$90.00 | \$90.00 40/- |
| Remove/Refix Aircon & Refill Gas | | 1 | \$130.00 | \$130.00 40/- |
| Remove/Refix Fuse Box | | 1 | \$120.00 | \$120.00 40/- |
| Diagnostic & Resetting To Erase Fault Code | | 1 | \$550.00 | \$550.00 150/- |
| TOTAL LABOUR | | | | \$5,030.00 |
| | | | | |
| ESTIMATE TOTAL | | | | \$ 28,276.80 |
| 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. | | | | |

13/11/2020 @ 1700 hrs

Not Authorised

2/Share

6 days.

[Signature]

LKK Auto

[Signature]

Check P&A Prices

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:

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 willful 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 | 12/11/2020 10:40 |
| Date Of Accident | 11/11/2020 15:00 |
| Exact Location Of Accident | AYE TWDS JURONG TOWN HALL AFTER CLEMENTI AVE6 EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA1736D |
| 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 | 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 | 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 | ONG CHWEE HOCK |
| NRIC No | SXXXX108F |
| Date Of Birth | 24/05/1954 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/08/1975 |
| Driving Experience | 45 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96504944 |
| Fax Number | |
| Contact Number | |
| Email Address | CHWEEHOCKONG@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 304 SERANGOON AVENUE 2 #04-20 |
| Postcode | 550304 |
| 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 | CHAIN 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 | 3 |
| 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: : MALE |

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 | GBC3732L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 96753836 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | RIGHT FRT AND LEFT |

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|------------------------------------|
| Vehicle Registration Number | SJV2681L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MUHAMMAD NORSHAIFULLAH BIN MD DAUD |
| NRIC/Passport Number | |
| Contact Number | 96581321 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | RIGHT FRT |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|----------------|
| Name | ONG CHWEE HOCK |
| Approximate Age | 66 |
| Injuries Sustain | BACK PAIN |
| Injured person in which vehicle? | SHA1736D |
| 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.

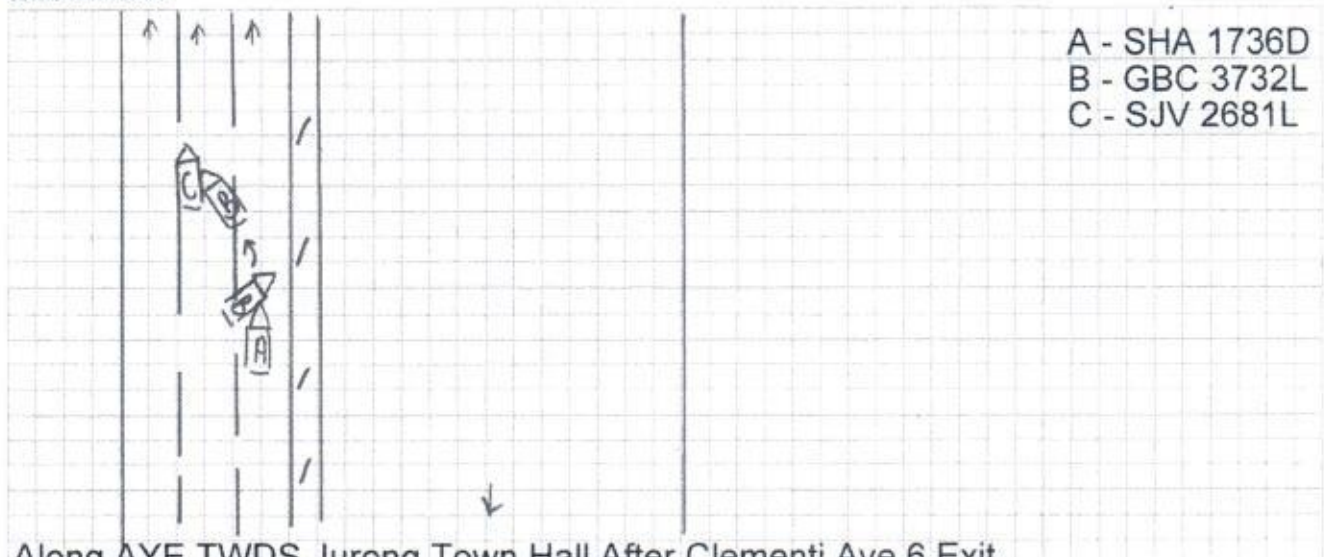
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12.11.2020
@ 10:00 hrs

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

SKETCH PLAN



Along AYE TWDS Jurong Town Hall After Clementi Ave 6 Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| |
|--|
| On 11.11.2020 at about 15:00 hours I was travelling along AYE TWDS Jurong |
| Town Hall After Clementi Ave 6 Exit with One Male Passenger onboard . |
| While I was travelling straight on the extreme right lane , suddenly veh B - |
| (GBC 3732L) lost control and skid into my lane and collided into my taxi A - |
| Front Left Portion . After the impact Veh B (GBC 3732L) also collided into Veh C - |
| (SJV 2681L) on the left . |
| There is a total of 3 vehicles involved in this accident . |
| After the accident I felt pain at my back area will consult doctor later on . |
| Veh B (GBC 3732L) - Male Driver H/P : 9675 3836 |
| Veh C (SJV 2681 L) - Mr Muhammad Norshaifullah Bin MD Daud H/P : 9658 1321 |
| |
| |
| |

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: 12.11.2020

@ 10:00 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: