

ASS. FEE. BY:

REF:

CS/EGI 20013527/DVJ3

ASSIGNMENT

CDE 2027 July
July, 2019

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **GBK 6758B**

Policy No. _____

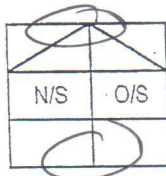
Claim No. **CDMCG20001816**

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: **9** 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: **SH7448D**Yr Regn: **July, 2019**

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

Truck / Trailer or

Make: **Hyundai Ioniq** C.C. **1580**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **164960** T/Radio: Insured / Std / NI / NAEng/No: **G4LEKU296060**C/No: **KMHCG851CVKU164401**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **195/65 R15**R: **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. **05/12/2020** D.O.I. **05/12/2020**Survey held at **Bigrost Sin Ming**

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

Front & Rear

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

Date / Time

Action / Instruction

Bigo GBK 6758B

22/06/22 **Yuan 7/P 10,709.32 with 9 days 7 in**
(Red 14,694.76, 57%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) **29/6/21-Typist**Days Of Repair: **9**Resurvey No. of Trip: **2**

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Format: **Merimen**Lump Sum / B.E. (\$) **\$10,709.32**

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 Submission	07/12/2020 14:53 (SGT)
Date of Accident	05/12/2020 11:55 (SGT)
Exact Location of Accident	Bukit Batok Rd, Singapore
Additional Location Information	BUKIT BATOK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7448D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXXX1R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088936MFSH
Cover Note Number	-

DRIVER

Name of Driver	SOO CHAH SERNG
NRIC No	SXXXX347D
Date Of Birth	02/04/1954
Occupation	Outdoor

Date Of Driving Pass	09/09/1977
Driving experience	43 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81390011
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Address	BLK 413 YISHUN RING ROAD
Address complement	#09-1891
Postcode	760413
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK6758B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LI YUWANG
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	FRONT
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV2973X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WINSON LIM
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	REAR
No. Of Passenger (Including Driver)	1

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.

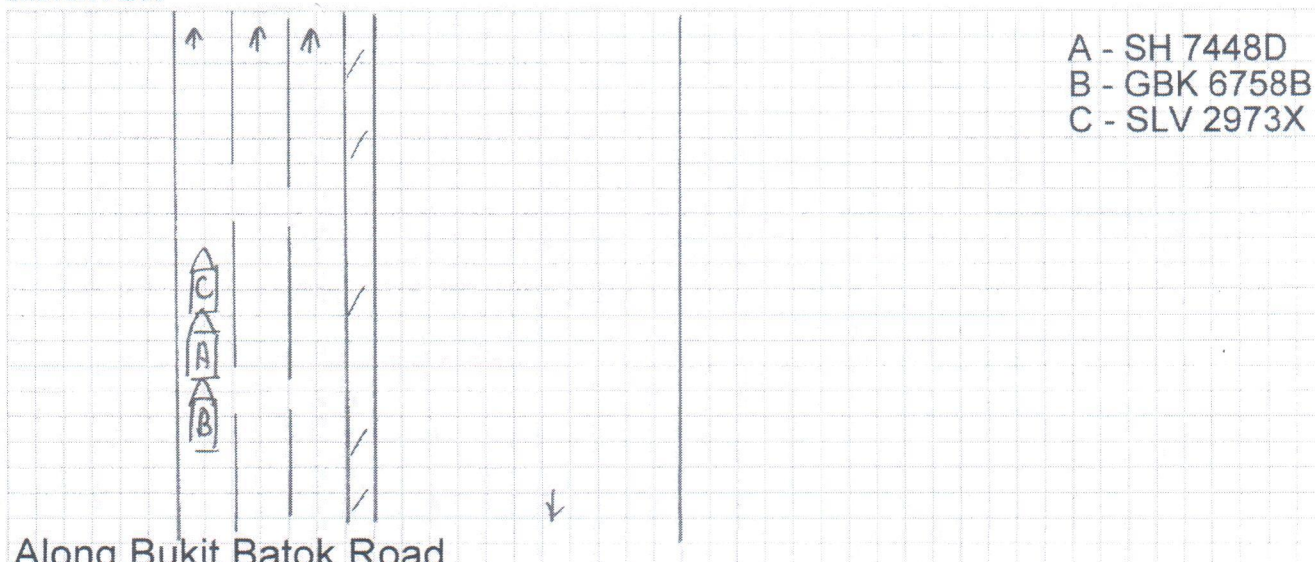
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 07.12.2020
@ 11:15 hrs


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

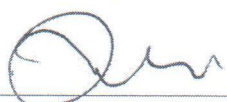
On 05.12.2020 at about 11:55 hours I was travelling along Bukit Batok
Road with One Female Passenger onboard .
While I saw the vehicle infront of me slowed down and stop , I followed
too . Suddenly I felt an impact from my taxi A - Rear Portion , causing
my taxi to surged forward .
I have company video and photo to support my claims .
Veh B (GBK 6758B) - Mr Li YuWang
Veh C (SLV 2973X) - Mr Winson Lim

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: 07.12.2020
@ 11:15 hrs


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

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 8-Dec-20

INSURANCE: ~~EQ~~ Ergo

MODEL: HYUNDAI IONIQ

VEHICLE NO.: SH 7448 D

Description	Qty	List Price	Amount
Radiator Grille <i>HH</i>	1	\$ 1,227.50	\$ 1,227.50
Front Number Plate garnish <i>deformed</i>	1	\$ 137.60	\$ 137.60
Rear Bumper <i>Wagon CRACK</i>	1	\$ 459.40	\$ 459.40
Rear Bumper Reinforcement <i>CRACK</i>	1	\$ 394.80	\$ 394.80
Rear Bumper Reinforcement Bracket (LH/RH) <i>? o/s 1st 4/5th</i>	2	\$ 188.10	\$ 376.20
Antenna Assy-SMARTK <i>broken</i>	1	\$ 80.20	\$ 80.20
Rear Bumper Centre Moulding Assy <i>broken</i>	1	\$ 451.25	\$ 451.25
Rear Bumper Lower Centre Moulding Assy <i>HH / SVL</i>	1	\$ 47.50	\$ 47.50
Rear Bumper Stay <i>HH</i>	1	\$ 138.10	\$ 138.10
Rear Bumper Side retainer (LH/RH) <i>SVL</i>	2	\$ 85.80	\$ 171.60
Rear Bumper Cover Clips <i>WCC</i>	1	\$ 22.00	\$ 22.00
Rear Bumper Under Centre <i>HH</i>	1	\$ 123.85	\$ 123.85
Rear Bumper Side Under(LH/RH) <i>HH</i>	2	\$ 123.10	\$ 246.20
Rear Bumper Rear Hook <i>HH</i>	1	\$ 94.60	\$ 94.60
Rear Bumper Reflector Lamp(LH/RH) <i>HH</i>	2	\$ 82.90	\$ 165.80
Rear Bumper Towing Cover <i>and SVL</i>	1	\$ 98.80	\$ 98.80
Rear Bumper Reserve Light (Parking Brake Light) <i>dislodged / broken</i>	1	\$ 328.60	\$ 328.60
Licence Lamp (LH/RH) <i>HH</i>	2	\$ 85.30	\$ 170.60
Licence Lamp WIRE <i>HH</i>	1	\$ 135.80	\$ 135.80
Tail Lamp(LH/RH) <i>HH</i>	2	\$ 870.40	\$ 1,740.80
Tail Lamp Quarter Panel(LH/RH) <i>HH</i>	2	\$ 208.90	\$ 417.80
Rear Panel <i>Demda</i>	1	\$ 532.00	\$ 532.00
Antenna Assy - TRUNK <i>HH</i>	1	\$ 689.50	\$ 689.50
Rear Panel Garnish <i>& mounting CRACK</i>	1	\$ 346.80	\$ 346.80
Spare Tyre Holder <i>HH</i>	1	\$ 223.10	\$ 223.10
Spare Wheel Lock Nut <i>HH</i>	1	\$ 89.50	\$ 89.50
Spare Tyre Panel <i>+ key</i>	1	\$ 892.50	\$ 892.50
Member Assy-Rear Floor Centre <i>HH</i>	1	\$ 863.50	\$ 863.50
Panel Assy-Rear Floor Side (LH/RH) <i>HH</i>	2	\$ 39.40	\$ 78.80
REAR TRAY LUGGS CENTER <i>HH</i>	1	\$ 354.20	\$ 354.20
Exhaust Pipe Insulator <i>HH</i>	1	\$ 235.00	\$ 235.00
Exhaust Silencer <i>HH</i>	1	\$ 943.50	\$ 943.50
Exhaust Pipe Hanger <i>HH</i>	1	\$ 29.20	\$ 29.20
<i>2940.75</i> SUB TOTAL			\$ 12,306.60
LESS 20%			\$ 2,461.32
<i>2352.60</i> DISCOUNTED TOTAL			\$ 9,845.28
Front Number Plate <i>CRACK</i> SN	1	\$ 25.00	\$ 25.00
Front No Plate Trim Cover <i>CRACK</i> SN	1	\$ 30.00	\$ 30.00
Rear Bumper Rubber Mat <i>WCC</i> SN	1	\$ 50.00	\$ 50.00
Rear Bumper Reverse Sensor <i>Dem</i> SN	1	\$ 180.00	\$ 180.00

SPARE TYRE PANEL TOP COVER SILICON 4W	SN	1	\$ 250.00	\$ 250.00	X
275.00		SUB TOTAL		\$ 535.00	
Labour Charge					
Panel Beating		1	\$1,600.00	\$1,600.00	700/-
Spray Painting Charge		1	\$1,400.00	\$1,400.00	800/-
Wiring Charge		1	\$160.00	\$160.00	30/-
Tuff Kote		1	\$180.00	\$180.00	40/-
Towing Charge	1750.00	1	\$80.00	\$80.00	44
Remove/Refix Exhaust Pipe		1	\$80.00	\$80.00	44
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00	180/-
TOTAL LABOUR				\$4,050.00	
ESTIMATE TOTAL				\$ 14,430.28	
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.					

09/12/2020 @ 0930hrs

4377.60

25,404.08

NA Auction

Supp 6331.72

Pest by Pest 9

P/P 10,709.32

1 year

8 days.

LKK Auto

Photo after repair
with damaged
Parts.

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:

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 11-Dec-20

INSURANCE: Ergo

MODEL: HYUNDAI IONIQ

VEHICLE NO.: SH 7448 D (S)

Description	Qty	List Price	Amount	
Unit Assy-SMART CRU (Radar Sensor) <i>monday crake</i>	1	\$ 2,910.90	\$ 2,910.90	✓
Headlamp(LH/RH) <i>7th CRACK 1198 X 2 = 2396.00</i>	2	\$ 3,987.30	\$ 7,974.60	X
Boot Lid <i>SA</i>	1	\$ 2,480.40	\$ 2,480.40	✓
Boot Lid Lock Upper <i>SLU</i>	1	\$ 224.00	\$ 224.00	X
Boot Lid 'H' Emblem <i>HCU</i>	1	\$ 28.00	\$ 28.00	✓
Emblem-Hybrid <i>HCU</i>	1	\$ 24.30	\$ 24.30	✓
Emblem-Ioniq <i>HCU</i>	1	\$ 31.30	\$ 31.30	✓
<i>7870.90</i> SUB TOTAL			\$ 13,673.50	
<i>6296.72</i> LESS 20%			\$ 2,734.70	
DISCOUNTED TOTAL			\$ 10,938.80	
Boot Lid Comfort Logo & Tel No. Sticker <i>HCU</i> SN	1	\$ 35.00	\$ 35.00	✓
SUB TOTAL			\$ 35.00	
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.				

Man

6331.72

2kk Ando

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