

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: \_\_\_\_\_

Policy No. \_\_\_\_\_

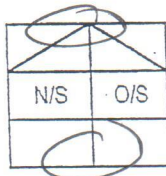
Claims No. \_\_\_\_\_

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 ~~7~~ days Res.: Yes or No

Lum 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 Ionig

C.C. 1580

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 164960

T/Radio: Insured / Std / NI / NA

Eng/No: G4LEKU296060

C/No: KMHC851CVKU164401

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

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. 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 &amp; Rear

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

Date / Time

Action / Instruction

Bigo GBK 6758B

22/06/22 ynam 7/P 10,709.32 with 9 days 7 in

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / B.E. (%)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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 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 |
|-----------------------------|---------|

#### 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

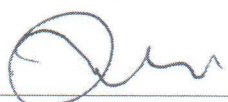
|   |
|---|
| On 05.12.2020 at about 11:55 hours I was travelling along Bukit Batok   |
| Road with One Female Passenger onboard .                                |
| While I saw the vehicle infront of me slowed down and stop , I followed |
| too . Suddenly I felt an impact from my taxi A - Rear Portion , 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 / SVC</i>                    | 1   | \$ 47.50    | \$ 47.50     |
| Rear Bumper Stay <i>HH</i>  | 1   | \$ 138.10   | \$ 138.10    |
| Rear Bumper Side retainer (LH/RH) <i>SVC</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 SVC</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>&amp; 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             |       |
| <b>Labour Charge</b>   |           |   |            |                       |       |
| Panel Beating  |           | 1 | \$1,600.00 | <del>\$1,600.00</del> | 700/- |
| Spray Painting Charge  |           | 1 | \$1,400.00 | <del>\$1,400.00</del> | 800/- |
| Wiring Charge  |           | 1 | \$160.00   | <del>\$160.00</del>   | 30/-  |
| Tuff Kote  |           | 1 | \$180.00   | <del>\$180.00</del>   | 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   | <del>\$550.00</del>   | 180/- |
| <b>TOTAL LABOUR</b>  |           |   |            |                       |       |
|  |           |   |            | \$4,050.00            |       |
| <b>ESTIMATE TOTAL</b>  |           |   |            |                       |       |
|  |           |   |            | \$ 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

NA Auction

Pest by Pest 9

1 year

LKK Auto

Photo after repair  
with damaged  
parts.

4377.60

Supp 6331.72

T/P 10,709.32

**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*

*8*