

A.S.S. REC. BY:

REF:

CS/8M021005456/Dts³

ASSIGNMENT

CBE July 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. _____

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 76 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

SHD 3333 D

Yr Regn:

July, 2016

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

783496

T/Radio:

Insured / Std / NI / NA

Eng/No:

D4FDFU609203

C/No:

KMH1B41UMGU092164

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

205/60 R16

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

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

09/01/221

D.O.I.

12/01/221

Survey held at

Sijest Sin Ming

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

Rear O/S

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

Date / Time

Action / Instruction

Lump GBD 38793

Finalize lump sum @ \$89600/-
(Red: 19,258.04; 66%)

28,858.04

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: 7

Resurvey No. of Trip: _____

Survey Fee:

1)

☐

: Final Report

Transportation:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

S + RS. SI

☐

: Interview (\$

Photos

☐

: Tech. Invs (\$

Others

☐

: Weekend (\$

TOTAL

Report Format: _____

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

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 12-Jan-21

MODEL: HYUNDAI I40

INSURANCE

Sompo

VEHICLE NO.: SHD 3333 D

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BONNET <i>Dented</i>			
BONNET RUBBER (LH) <i>HH</i>	1	\$2,265.90	\$2,265.90
BONNET RUBBER (RH) <i>HH</i>	1	\$35.70	\$35.70
BONNET HINGE (LH/RH) <i>HH</i>	1	\$35.70	\$35.70
BONNET INSULATOR <i>HH</i>	2	\$128.70	\$253.40
BONNET INSULATOR CLIP 10 PCS <i>HH</i>	1	\$202.50	\$202.50
BONNET SEAL <i>HH</i>	1	\$36.80	\$36.80
BONNET INSULATOR CLIPS <i>HH</i>	1	\$31.90	\$31.90
BONNET CABLE <i>HH</i>	1	\$15.00	\$15.00
RADIATOR GRILLE H EMBLEM <i>HH</i>	1	\$89.60	\$89.60
RADIATOR GRILLE <i>broken</i>	1	\$129.50	\$129.50
FRONT BUMPER COVER <i>cut / Dented</i>	1	\$1,480.00	\$1,480.00
FRONT BUMPER SPONGE <i>form</i>	1	\$1,052.20	\$1,052.20
FRONT BUMPER REINFORCEMENT <i>Dashed</i>	1	\$379.20	\$379.20
FRONT BUMPER GRILLE (LH/RH) <i>HH</i>	1	\$588.40	\$588.40
FRONT BUMPER LIP <i>HH</i>	1	\$149.20	\$149.20
FRONT BUMPER BRACKET TOP (LH/RH) <i>HH</i>	1	\$152.00	\$152.00
FRONT BUMPER CENTRE GRILLE TOP GARNISH (140) <i>HH</i>	2	\$44.80	\$89.60
FRONT BUMPER BRACKET (LH/RH) <i>0/3 dt H/S HH</i>	2	\$80.00	\$80.00
FRONT BUMPER SIDE BRACKET (LH/RH) <i>HH</i>	2	\$49.20	\$98.40
FRONT BUMPER PROTECTOR (LH/RH) <i>HS</i>	2	\$28.60	\$57.20
FRONT BUMPER RETAINER MOUNTING <i>HH</i>	2	\$25.40	\$50.80
FRONT BUMPER GRILLE AIR DUCT (LH/RH) <i>HH</i>	1	\$76.20	\$76.20
WIPER CONTAINER ASSY <i>damaged</i>	1	\$126.20	\$126.20
HEADLAMP SUPPORT PANEL ASSY <i>dt / crack</i>	1	\$281.60	\$281.60
HEADLAMP (RH) <i>broken</i>	1	\$907.40	\$907.40
HEADLAMP SUPPORT TOP COVER <i>HH</i>	1	\$2,776.00 <i>1388.00</i>	\$2,776.00
HEADLAMP HALOGEN BULB (RH) <i>HH</i>	1	\$222.60	\$222.60
RADIATOR <i>2 dt</i>	1	\$28.80	\$28.80
FRONT FENDER (RH) <i>Bar</i>	1	\$1,637.20	\$1,637.20
FRONT FENDER APRON PANEL (RH) <i>Dented</i>	1	\$663.00	\$663.00
FRONT FENDER SHIELD (RH) <i>damaged / torn</i>	1	\$637.00	\$637.00
FRONT FENDER MUDFLAP (RH) <i>HH</i>	1	\$174.90	\$174.90
FRONT FENDER SIGNAL LAMP (RH) <i>HS</i>	1	\$16.20	\$16.20
FRONT FENDER RETAINER <i>HH</i>	1	\$47.40	\$47.40
FRONT FENDER GUARD <i>HS</i>	1	\$24.60	\$24.60
AIRCON CONDENSER <i>2 dt</i>	1	\$120.00	\$120.00
WIPER CONTAINER <i>HH</i>	1	\$947.80	\$947.80
FRONT WHEEL RIM (RH) <i>HH</i>	1	\$61.90	\$61.90
FRONT WHEEL HUB CAP (RH) <i>HH</i>	1	\$650.60	\$650.60
FRONT WHEEL NUT <i>HH</i>	1	\$214.20	\$214.20
KNUCKLE ARM (RH) <i>HH</i>	1	\$6.80	\$6.80
FRONT WHEEL BEARING (RH) <i>HH</i>	1	\$1,104.00	\$1,104.00
	1	\$673.20	\$673.20

10.3

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE:

15-Jan-21

MODEL:

HYUNDAI I40

INSURANCE:

Sumpo

VEHICLE NO.:

SHD 3333 D (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
HEADLAMP (LH) <i>mainly crack</i> 1388.00	1	\$2,776.00	\$2,776.00
SUB TOTAL			\$2,776.00
LESS 20%			\$555.20
DISCOUNTED TOTAL			\$2,220.80

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

1 year

2kk Auto

9

1110-40

Phone Number:

Fax Number:

Customer:

Company:

License NO:

SHD3333D

Odometer:

Date:

13/1/2021 9:43 AM

VIN

Technician:

Order NO:

VEHICLE ALIGNMENT REPORT

HYUNDAI, i40 G 1.6 GDI, 11-11 (Customized)

Primary Angles

Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	4°22'	4°12'	5°12'	4°39'
		Right	4°39'	4°12'	5°12'	4°28'
	Camber	Left	-0°49'	-1°00'	0°00'	-0°47'
		Right	0°04' *	-1°00'	0°00'	0°35' *
	Toe	Left	0°16' *	0°00'	0°12'	0°17' *
		Right	-0°04' *	0°00'	0°12'	-3°25' *
Total		0°11'	0°00'	0°24'	-3°07' *	
Rear	Camber	Left	-1°05'	-1°30'	-0°30'	-1°05'
		Right	-1°03'	-1°30'	-0°30'	-1°02'
	Toe	Left	-0°06' *	-0°03'	0°09'	-0°08' *
		Right	-0°07' *	-0°03'	0°09'	-0°03'
		Total	-0°13' *	-0°06'	0°18'	-0°11' *
	Thrust Angle		0°00'	99°59'		0°03'

Secondary Angles

Secondary Angles		Initial	Specifications		Final
			Min.	Max.	
SAI	Left	8°00' *	13°18'	14°18'	8°00' *
	Right	12°29' *	13°18'	14°18'	12°29' *
Included Angle	Left	7°11' *	99°59'	99°59'	7°13' *
	Right	12°32' *	99°59'	99°59'	13°04' *
Toe Out On Turns	Left	----	99°59'	99°59'	----
	Right	----	99°59'	99°59'	----
Max Turn Inside	Left	----	99°59'	99°59'	----
	Right	----	99°59'	99°59'	----
Toe Curve Change	Left	----	0°00'	199°59'	----
	Right	----	0°00'	199°59'	----
Setback	Front	-0.17" *	99.99"	99.99"	-0.17" *
	Rear	-0.33" *	99.99"	99.99"	-0.33" *
Track Width Diff.		-0.12"			-0.12"
Wheel Base Diff.		0.17"			0.17"
Front Ride Height	Left	----	99.99"	99.99"	----
	Right	----	99.99"	99.99"	----
Rear Ride Height	Left	----	99.99"	99.99"	----
	Right	----	99.99"	99.99"	----
Frame Angle					----

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

Company

B21R

SHD3333D

Yes

12 Jan 2021

HYUNDAI

I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Blue

2016

D4FDFU609203

KMHLB41UMGU092164

100.0 kW (134 bhp)

\$18,823.00

21 Jul 2016

21 Jul 2016

0

\$18,823.00

Yes

20 Jul 2024

\$14,117.00

20 Jul 2024

A - Car up to 1600cc & 97kW (130bhp)

8

\$39,616.00

\$17,438.00

\$31,555.00

The information contained herein is correct as at 12 Jan 2021

OK

Your NCD will be affected due to late reporting

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 Authorized 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 Submission	12/01/2021 09:34 (SGT)
Date of Accident	09/01/2021 12:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE (CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3333D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXX21R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	SUKU JIY SINGH S/O BACHINT SINGH
NRIC No	SXXXX077E
Date Of Birth	04/07/1971
Occupation	Outdoor

07/09/1996
30 YEARS AND 4 MONTHS
Male
(Phone) +65 84582989

fleetsafety@edgtaxi.com.sg
BLK 580B CHOA CHU KANG DRIVE
#16-304
682689
No
Other
No

Number
Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
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
Weather Conditions
Road Surface

Side Swipe
DRIZZLING
Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Number of vehicles involved in the accident 2
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

-
Male

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

PLS REFER TO 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 GBD3879S
Vehicle Manufacturer Toyota
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver MUKIT ANWARUL KABIR
Contact Number -

End

$$\begin{array}{r} 24 \\ 6 \end{array}$$

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SKETCH PLAN

IMPORTANT NOTICE

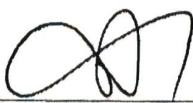
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

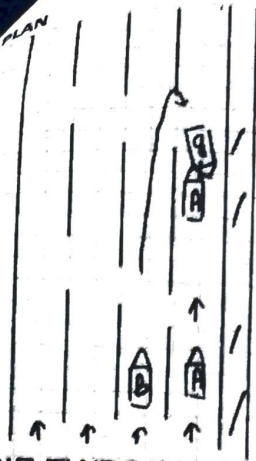
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 11.01.2021
@ 15:30 hrs


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

A - SHD 3333D
B - GBD 3879S



Along PIE TWDS Airport After Coroporation Road Exit
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09.01.2021 at about 12:40 hours I was travelling along PIE TWDS Airport

After Coroporation Road Exit with One Male Passenger onboard .

While I was travelling on the extreme right lane , suddenly veh B (GBD 3879S)

lost control and skid into my lane and collided into my taxi A - Front Right Portion .

I have photos at scene to support my claims .

Veh B (GBD 3879S) - Mr Mukit Anwarul Kabir

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19930382000

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11.01.2021
@ 15:30 hrs

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