

ASS. BY:

REF:

CG/EGIA21000930/DtdB

CJB NOV 2023

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp. Vehicle No: _____

at Workshop m/s _____

of _____

Insured _____

Policy No. _____

Claim 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. of Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or NoTurn Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHIA 85135Yr Regn: NOV, 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or _____

Make: Hyundai I40 C.C. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 615210 T/Radio: Insured / Std / NI / NAEng/No: D4FDFU564087C/No: KMHCB41U-MQU080545Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Wasteke

Front

Rear

R/Bal. S mmR/Bal. S mmL/Bal. S mmL/Bal. S mmD.O.A. 17/01/22D.O.L. 20/01/22Survey held at 3rd Floor Sun Ming

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

N/S Rnd

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

Date/Time

Action / Instruction

Eigo SKX 2143B24/08/22 Draw 2/S 64051 with 5 days of reg
(Red: 16288.92 : 7190.9)

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 5

Resurvey No. of Trip: _____

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Format: _____

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

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 20-Jan-21 INSURANCE: Ergo
 MODEL: HYUNDAI I40
 VEHICLE NO.: SHA8513J

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BONNET <i>br</i>	1	\$2,265.90	\$2,265.90
BONNET LOCK <i>HH</i>	1	\$142.40	\$142.40
FRONT BUMPER COVER <i>form</i>	1	\$1,052.20	\$1,052.20
FRONT BUMPER SPONGE <i>HH</i>	1	\$379.20	\$379.20
FRONT BUMPER REINFORCEMENT <i>HH</i>	1	\$588.40	\$588.40
FRONT BUMPER GRILLE (LH) <i>cut (deformed)</i>	1	\$149.20	\$149.20
FRONT BUMPER LIP <i>HH</i>	1	\$152.00	\$152.00
FRONT BUMPER BRACKET TOP (LH) <i>HH</i>	1	\$44.80	\$44.80
FRONT BUMPER CENTRE GRILLE TOP GARNISH (I40) <i>HH</i>	1	\$80.00	\$80.00
FRONT BUMPER BRACKET (LH) <i>broken</i>	1	\$49.20	\$49.20
FRONT BUMPER SIDE BRACKET (LH) <i>HH</i>	1	\$28.60	\$28.60
FRONT BUMPER RETAINER MOUNTING <i>HH</i>	1	\$76.20	\$76.20
FRONT BUMPER GRILLE AIR DUCT (LH) <i>HH cut</i>	1	\$126.20	\$126.20
HEADLAMP SUPPORT PANEL ASSY <i>broken</i>	1	\$907.40	\$907.40
HEADLAMP (LH) <i>broken (cut)</i> 1388.00	1	\$2,776.00	\$2,776.00
HEADLAMP SUPPORT TOP COVER <i>HH</i>	1	\$222.60	\$222.60
RADIATOR <i>HH</i>	1	\$1,637.20	\$1,637.20
COOLANT <i>HH</i>	1	\$ 45.00	\$ 45.00
FRONT FENDER (LH) <i>Deformed</i>	1	\$663.00	\$663.00
FRONT FENDER SHIELD (LH) <i>br form</i>	1	\$174.90	\$174.90
FRONT FENDER MUDFLAP (LH) <i>HH</i>	1	\$16.20	\$16.20
FRONT FENDER RETAINER <i>HH</i>	1	\$24.60	\$24.60
AIRCON CONDENSER <i>HH</i>	1	\$947.80	\$947.80
FRONT WHEEL RIM (LH) <i>HH</i>	1	\$650.60	\$650.60
FRONT WHEEL HUB CAP (LH) <i>HH</i>	1	\$214.20	\$214.20
FRONT WHEEL NUT <i>HH</i>	1	\$6.80	\$6.80
KNUCKLE ARM (LH) <i>HH</i>	1	\$1,104.00	\$1,104.00
FRONT WHEEL BEARING (LH) <i>HH</i>	1	\$673.20	\$673.20
FRONT WHEEL HUB ASSY <i>HH</i>	1	\$158.60	\$158.60
FRONT SUSPENSION LOWER ARM (LH) <i>HH</i>	1	\$595.90	\$595.90
FRONT SHOCK ABSORBER ASSY (LH) <i>HH</i>	1	\$684.40	\$684.40
FRONT SHOCK ABSORBER MOUNTING (LH) <i>HH</i>	1	\$217.60	\$217.60
FRONT SHOCK ABSORBER FORK (LH) <i>HH</i>	1	\$212.15	\$212.15
STG TIE ROD (LH) <i>HH</i>	1	\$186.40	\$186.40
STG TIE END (LH) <i>HH</i>	1	\$125.20	\$125.20
STABILIZER BAR ASSY <i>HH</i>	1	\$463.70	\$463.70
STABILIZER BAR LINK (LH) <i>HH</i>	1	\$85.90	\$85.90
ABS SENSOR <i>HH</i>	1	\$217.90	\$217.90
FRONT SUSPENSION UPPER ARM (LH) <i>HH</i>	1	\$250.40	\$250.40
INTER COOLER <i>HH</i>	1	\$1,032.50	\$1,032.50
HOSE B TO INTER COOLER <i>HH</i>	1	\$229.70	\$229.70
HOSE C TO INTER COOLER INLET <i>HH</i>	1	\$294.50	\$294.50

SUB TOTAL					\$19,952.65
LESS 20%					\$3,990.53
DISCOUNTED TOTAL					\$15,962.12
FRONT TYRE (LH) HH					
	SN	1	\$216.00	\$216.00	X
SUB TOTAL					\$216.00
Labour Charge					
Panel Beating	1	\$1,400.00	\$1,400.00		600/- 700/-
Spray Painting Charge	1	\$1,000.00	\$1,000.00		600/- 700/-
Wiring Charge	1	\$100.00	\$100.00		30/-
Tuff Kote	1	\$100.00	\$100.00		40/-
Towing Charge	1	\$80.00	\$80.00		HH
Four Wheel Alignment	1	\$120.00	\$120.00		60/- HH
Remove/Refix Undercarriage (Frt)	1	\$400.00	\$400.00		HH
Re-set Frt ABS System	1	\$200.00	\$200.00		HH
Remove/Refix Radiator	1	\$90.00	\$90.00		HH
Remove/Refix Aircon & Refill Gas	1	\$130.00	\$130.00		HH 1470.00
Remove/Refix Fuse Box	1	\$120.00	\$120.00		HH
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00		HH
TOTAL LABOUR					\$4,290.00
ESTIMATE TOTAL					\$ 20,468.12
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					

6776.00
5420.80

X

600/- 700/-
600/- 700/-

30/-
40/-

HH
60/- HH

HH

HH

HH

HH

HH

20/01/21 @ 1638hrs

HA Antenna

2/Sum 5 days.

1 year

2KK Auto

Repair Limit

6890.80
SPP 1110.40
8001.20
4/5 6400/-

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:

22,638.92

BIFROST AUTO PTE LTD

Supplementary ESTIMATE

DATE: 21-Jan-21

INSURANCE: Ergo

MODEL: HYUNDAI I40

VEHICLE NO.: SHA 8513J (S)

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

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.

1110.40

1 yan

2kk Andu

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	839G

Vehicle Details

Vehicle No.:	SHA8513J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Jan 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2015
Engine No.:	D4FDFU564087
Chassis No.:	KMHLB41UMGU080545
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,603.00
Original Registration Date:	12 Nov 2015
First Registration Date:	12 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$20,845.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Nov 2023
PARF Rebate Amount:	\$14,591.00

Intended COE Rebate Details

COE Expiry Date:	11 Nov 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,267.00
COE Rebate Amount:	\$15,915.00
Total Rebate Amount:	\$30,506.00

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.

The information contained herein is correct as at 19 Jan 2021

OK

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 Submission	17/01/2021 23:13 (SGT)
Date of Accident	17/01/2021 07:25 (SGT)
Exact Location of Accident	626 Ang Mo Kio Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8513J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-98534779
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/P2419140
Cover Note Number	-

DRIVER

Name of Driver	NG HWEE YONG DAVID, DAVID NG
NRIC No	SXXXX913D
Date Of Birth	01/12/1954
Occupation	Outdoor

ng Pass
rience
umber
ne Number
Address
ess
ress complement
stcode
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

07/06/1973
47 YEARS AND 7 MONTHS
Male
(Phone) +65-98534779
-
fleetsafety@cdgtaxi.com.sg
BLK 213 YISHUN STREET 21 #09-171
-
760213
No
Hirer
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Major/Minor Rd
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
No
-
Yes
3
No

PASSENGER 1

Name
Gender

MUHD SUMAIT
Male

PASSENGER 2

Name
Gender

BABY
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

ON 17.1.21 AT ABOUT 0725HRS, I WAS DRIVING MY VEHICLE SHA8513J IN THE CARPARK TOWARDS BLK 626 ANG MO KIO AVE 4 WHEN SUDDENLY VEHICLE B SKX2143B CAME OUT OF PARKING LOT NO 13 AND COLLIDED WITH THE FRONT BUMPER OF MY VEHICLE ON THE LEFT.
WE TOOK PHOTOS OF EACH VEHICLE AND EXCHANGED CONTACT NUMBERS. NO INJURY REPORTED AT THE POINT OF TIME.
THE PASSENGER OF MY VEHICLE, MR MUHD ABDULLAH, CONTACT NO. 91914213, IS WILLING TO BE MY WITNESS FOR THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Registration Number	SKX2143B
Manufacturer	BMW
Model	-
Variant	-
Colour	White
Category	Private car
Name of Driver	CHEE YEE CHIN MAGDALENE
Contact Number	(Phone) +65-94550525
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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)**

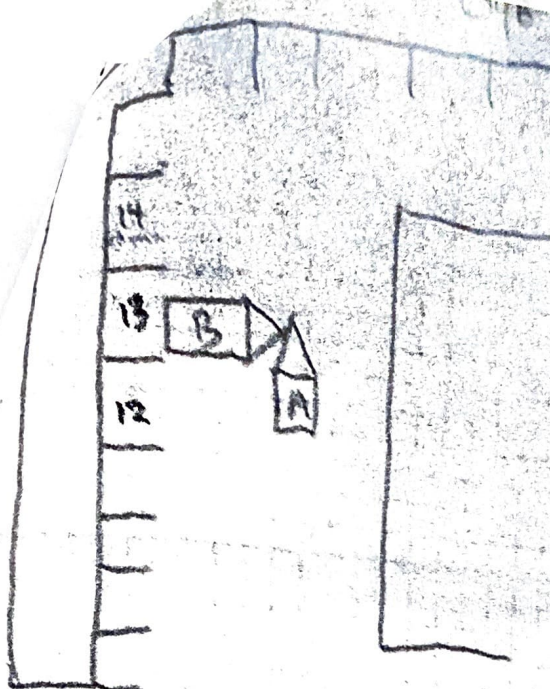
I understand, acknowledge, agree and consent that:

- (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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17.1.21
1020

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



A-SHAB5133

B-SKX 2143B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17-1-21 AT ABOUT 0725HRS I WAS DRIVING MY VEHICLE SHAB5133 IN THE CARPARK TOWARDS BLK G46 AKA MO KID AVE 4 WHEN SUDDENLY VEHICLE B SKX 2143B CAME OUT OF PARKING LOT NO. 13 AND COLLIDED WITH THE FRONT BUMPER OF MY VEHICLE ON THE LEFT.

WE TOOK PHOTOS OF EACH VEHICLE AND EXCHANGE CONTACT NUMBER. NO INJURY REPORTED AT THE POINT OF TIME.

THE PASSENGER OF MY VEHICLE MR MUHD ABULLAH CONTACT NO. 91914213, IS WILLING TO BE MY WITNESS FOR THE ACCIDENT.

DECLARATION

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

Policyholder's Signature
Date & Time

Driver's Signature
(if driver is not the policyholder)
Date & Time: 17-1-21
1020

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