

ASS. REC. BY:

REF:

CS/MSG21001420/Dqj3

## ASSIGNMENT

CUE Aug 2025

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. 30001622809Claims No. 252736

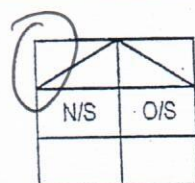
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHC 1562Yr Regn: 2017, Ang

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

Truck / Trailer or

Make: Toyota Prius C.C. 1798Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 729113 T/Radio: Insured / Std / NI / NAEng/No: 22R8059395C/No: JD KB3FU903562671

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15R: - - -

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

TOYO / YOKO or Westlake

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 29/01/2021 D.O.I. 01/02/2021Survey held at Bijrost Sin Meng

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

W/S Front

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

Date / Time Action / Instruction

MSG SLQ 9846 K

22/06/21 John L/S 9950/- with 7 days of my (Red B 15463, 627.)

25/6/21 @ 11.27am revised to China Nipke via Merimen.

29/06/21 @ 12.06pm NOR AZIAN APPROVED MANDATE BY EMAIL.

Date/Time, File Pass to?

☐ : Preli. Report

1) 29/06 Typist

☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 7Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Rep. Format:

MEK-TP

Lump Sum / L.P. (\$ \_\_\_\_\_)

9950



**BIFROST AUTO PTE LTD**

## REPAIR ESTIMATE

DATE: 1-Feb-21

INSURANCE: MSIG

MODEL: TOYOTA PRIUS

VEHICLE NO.: SHC156Z

DESCRIPTION	QTY	LIST PRICE	AMOUNT
PANEL SUB-ASSY, FRONT DOOR, LH <i>Deuda</i>	1	\$1,264.00	\$1,264.00
FRONT DOOR HINGE UPPER <i>Sub m</i>	1	\$91.20	\$91.20
FRONT DOOR HINGE LOWER <i>SN</i>	1	\$91.20	\$91.20
FRONT DOOR CHECK <i>SN</i>	1	\$153.52	\$153.52
FRONT DOOR TRIMBOARD <i>HH</i>	1	\$725.00	\$725.00
FRONT DOOR WHETHER STRIP <i>SN</i>	1	\$457.90	\$457.90
FRONT DOOR RUBBER SEAL <i>HH</i>	1	\$257.00	\$257.00
MOTOR ASSY, POWER WINDOW FRT, LH <i>HH</i>	1	\$941.80	\$941.80
REGULATOR, FRONT DOOR WINDOW FRT, LH <i>HH</i>	1	\$228.40	\$228.40
MIRROR ASSY, OUTER REAR VIEW, LH <i>broken</i>	1	\$1,728.70	\$1,728.70
Rocker Panel Outer Garnish <i>bt</i>	1	\$576.00	\$576.00
Rocker Panel Outer <i>HH</i>	1	\$519.80	\$519.80
RADIATOR GRILLE EMBLEM <i>HH</i>	1	\$88.00	\$88.00
FRONT BUMPER COVER <i>bt / mostly broken</i>	1	\$499.90	\$499.90
FRONT BUMPER SIDE RETAINER <i>H/S broken mostly</i>	1	\$77.00	\$77.00
UNIT ASSY, HEADLAMP, LH (LED) <i>mostly broken</i>	1	\$3,455.00	\$3,455.00
HEADLAMP ECU <i>mostly broken</i>	1	\$682.60	\$682.60
HEAD LAMP PANEL (LH) <i>HH</i>	1	\$240.10	\$240.10
FENDER SUB-ASSY, FRONT LH <i>Deuda</i>	1	\$945.30	\$945.30
FRONT HOUSING ASSY <i>HH</i>	1	\$958.30	\$958.30
FRONT FENDER SHIELD <i>distorted</i>	1	\$38.00	\$38.00
FRONT FENDER SHIELD CLIP <i>HH</i>	1	\$14.90	\$14.90
FRONT FENDER HYBRID EMBLEM, LH <i>HF</i>	1	\$86.50	\$86.50
BRACKET, FRONT SIDE PANEL, LH <i>HH</i>	1	\$86.30	\$86.30
FRONT WINDSCREEN GLASS PILLAR <i>HH</i>	1	\$343.10	\$343.10
FRONT WINDSCREEN GLASS MOULDING <i>HH</i>	1	\$208.60	\$208.60
FRONT WINDSCREEN GLASS MOULDING LOWE <i>HH</i>	1	\$208.60	\$208.60
FRONT WHEEL RIM <i>HH</i>	1	\$1,570.55	\$1,570.55
FRONT WHEEL RIM CAP <i>HF</i>	1	\$189.60	\$189.60
FRONT WHEEL HUB CAP <i>HF</i>	1	\$177.70	\$177.70
FRONT WHEEL HUB BEARING <i>2 Down</i>	1	\$560.10	\$560.10
FRONT SUSPENSION LOWER ARM (LH) <i>2 distorted</i>	1	\$637.50	\$637.50
FRONT SHOCK ABSORBER (LH) <i>2 distorted</i>	1	\$401.80	\$401.80
ABSORBER TOP MOUNTING <i>HH</i>	1	\$196.20	\$196.20
FRONT DRIVE SHAFT (LH) <i>HH</i>	1	\$1,764.00	\$1,764.00
RACK & PINION ASSY <i>HH bt / Down</i>	1	\$1,634.90	\$1,634.90
LINK ASSY, FRONT STABILIZER, LH <i>HH</i>	1	\$199.00	\$199.00
KNUCKLE, STEERING, LH <i>2 distorted</i>	1	\$580.80	\$580.80
JOINT ASSY, LOWER BALL, FRONT (LH) <i>HH bt</i>	1	\$199.98	\$199.98
END SUB-ASSY, TIE ROD, LH <i>HH distorted</i>	1	\$159.30	\$159.30
SENSOR, SPEED, FRONT LH <i>HH</i>	1	\$446.50	\$446.50



ENGINE MOUNTING (LH) <del>HL</del>	1	\$386.60	\$386.60
<b>SUB TOTAL</b>			<b>\$24,071.25</b>
<b>LESS 20% 25%</b>			<b>\$4,814.25</b>
<b>DISCOUNTED TOTAL</b>			<b>\$19,257.00</b>
FRONT DOOR COMFORT LOGO <del>HL</del>	SN 1	\$75.00	\$75.00
FRONT TYRE (LH) <del>2</del> <del>HL</del> 50%	SN 1	\$216.00	\$216.00
FRONT WINDSCREEN SEALAN <del>HL</del>	SH 1	\$75.00	\$75.00
<b>SUB TOTAL</b>			<b>\$366.00</b>
<b>Labour Charge</b>			
Panel Beating	1	\$1,800.00	\$1,800.00
Spray Painting Charge	1	\$1,600.00	\$1,600.00
Wiring Charge	1	\$100.00	\$100.00
Tuff Kote	1	\$100.00	\$100.00
Towing Charge	1	\$80.00	\$80.00
Transfer of Door Mechanism FRONT	1	\$80.00	\$80.00
Re-set Frt Power Window System	1	\$200.00	\$200.00
Four Wheel Alignment	1	\$120.00	\$120.00
Remove/Refix Undercarriage (Frt)	1	\$400.00	\$400.00
Re-set Frt ABS System	1	\$200.00	\$200.00
Remove/Refix Radiator	1	\$90.00	\$90.00
Remove/Refix Aircon & Refill Gas	1	\$130.00	\$130.00
Remove/Refix Fuse Box	1	\$120.00	\$120.00
Remove/Refix Front Windscreen Glass	1	\$120.00	\$120.00
Remove/Refix Engine	1	\$600.00	\$600.00
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00
<b>TOTAL LABOUR</b>			<b>\$6,290.00</b>
<b>ESTIMATE TOTAL</b>			<b>\$25,913.00</b>
will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.			

X 13700.79  
10275.59

✓ 108.00  
X 183.00

800/-  
700/-  
30/-  
40/-  
60/-  
60/-  
150/-  
111/-  
111/-  
111/-  
150/-

1990.00

01/02/2021 @ 1600hrs

12448.59

4/59950/-

HLA Andrew

2/3mm 7  
B dgs

Man

LKK Auto

**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:

Phone Number:

Fax Number:

Customer:			Date: 2/2/2021 9:12 AM			
Company:			VIN			
License NO: SHC156Z			Technician:			
Odometer:			Order NO:			
<b>VEHICLE ALIGNMENT REPORT</b> TOYOTA, PRIUS PHV ZVW52, 17-17 (Customized)						
Primary Angles			Initial	Specifications Min. Max.		Final
Front	Caster	Left	----	6°35'	8°05'	----
		Right	----	6°35'	8°05'	----
	Camber	Left	-0°08'	-0°55'	0°35'	-0°08'
		Right	-0°37'	-0°55'	0°35'	-0°38'
	Toe	Left	-6°34' *	-0°03'	0°08'	-6°34' *
		Right	0°49' *	-0°03'	0°08'	0°50' *
Total		-5°44' *	-0°05'	0°16'	-5°44' *	
Rear	Camber	Left	-1°53'	-2°00'	-0°30'	-1°53'
		Right	-1°51'	-2°00'	-0°30'	-1°51'
	Toe	Left	-1°15' *	0°03'	0°14'	-1°16' *
		Right	0°08'	0°03'	0°14'	0°08'
		Total	-1°07' *	0°05'	0°27'	-1°07' *
	Thrust Angle		0°42'	----		0°42'
Secondary Angles			Initial	Specifications Min. Max.		Final
SAI	Left	----	13°20'	13°20'	----	
	Right	----	13°20'	13°20'	----	
Included Angle	Left	----	----	----	----	
	Right	----	----	----	----	
Toe Out On Turns	Left	----	----	----	----	
	Right	----	----	----	----	
Max Turn Inside	Left	----	----	----	----	
	Right	----	----	----	----	
Toe Curve Change	Left	----	----	----	----	
	Right	----	----	----	----	
Setback	Front	-0.48"	----	----	-0.48"	
	Rear	-0.60"	----	----	-0.60"	
Track Width Diff.		-0.09"			-0.09"	
Wheel Base Diff.		0.12"			0.12"	
Front Ride Height	Left	----	----	----	----	
	Right	----	----	----	----	
Rear Ride Height	Left	----	----	----	----	
	Right	----	----	----	----	
Frame Angle					----	



## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	839G
<b>Vehicle Details</b>	
Vehicle No.:	SHC156Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	29 Jan 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Yellow
Manufacturing Year:	2017
Engine No.:	2ZRS059395
Chassis No.:	JTDKB3FU903562671
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	17 Aug 2017
First Registration Date:	17 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Aug 2025
PARF Rebate Amount:	\$3,750.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	16 Aug 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,320.00
COE Rebate Amount:	\$20,649.00
<b>Total Rebate Amount:</b>	<b>\$24,399.00</b>
<b>Message</b>	
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 29 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 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	29/01/2021 14:26 (SGT)
Date of Accident	29/01/2021 01:40 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	UPPER SERANGOON X BARTLEY RD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC156Z
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB 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	Toyota
Model	Prius
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	THAY TIAN SENG
NRIC No	SXXXX545A
Date Of Birth	11/03/1959
Occupation	Outdoor



Date Of Driving Pass	04/12/1979
Driving experience	41 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91005697
Alt. Phone Number	-
Email Address	thaytianseng@gamil.com
Address	BLK 97 JALAN DUA
Address complement	#09-36
Postcode	390097
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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

\* TYPE OF ACCIDENT :- HEAD TO SIDE

#### 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	SLQ9846K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
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

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	THAY TIAN SENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle?	SHC156Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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.

**CITYCAB PTE LTD**  
**CO. REG. NO. 199502839G**

Policyholder's Signature  
Date & Time:

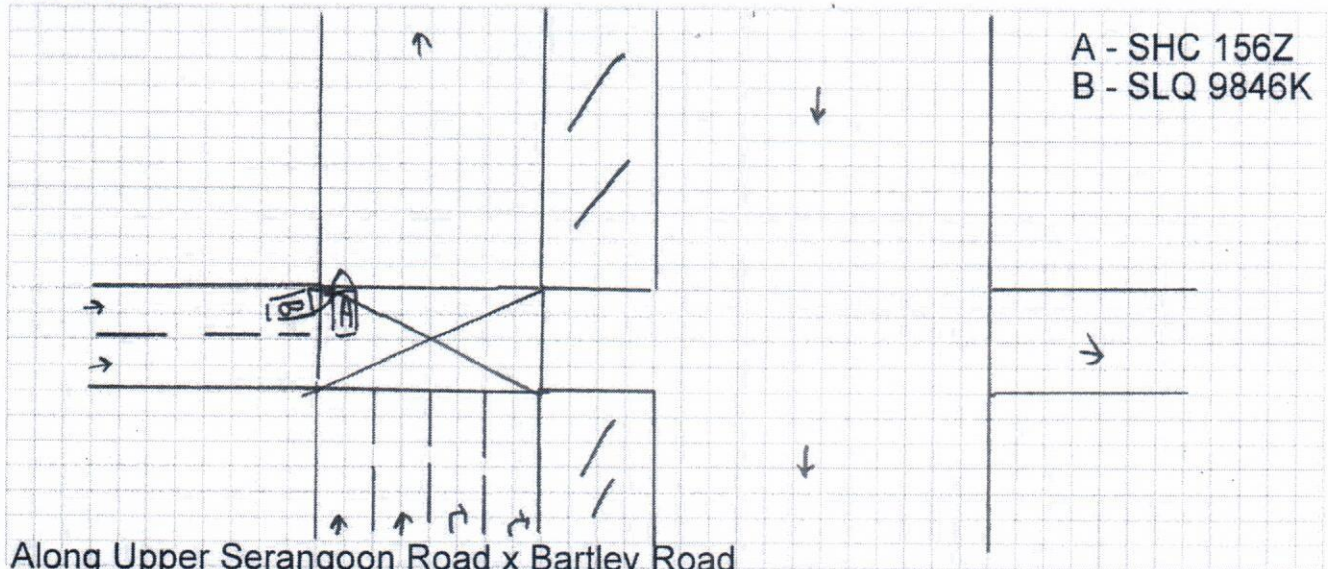
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: **29.01.2021**  
**@ 11:00 hrs**

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

**Regina**



# SKETCH PLAN



Along Upper Serangoon Road x Bartley Road

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29.01.2021 at about 01:40 hours I was travelling along Upper Serangoon
Road x Bartley Road with no passenger onboard .
While travelling straight when green light is in my favour , suddenly veh B -
( SLQ 9846K ) dash the red light and collided into my taxi A - Left Front Portion .
After the accident I felt pain at my back area and got a shock will consult doctor
later on .
I have company video and photo to support my claims .
Veh B ( SLQ 9846K ) - Mr Lee Koh Siong

## DECLARATION

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

**CITYCAB PTE LTD**  
**CO. REG. NO. 199502839G**

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 29.01.2021  
 @ 11:00 hrs

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

Regina