

ASS. REC. BY:

REF:

MSH-1 22002118

Kenneth

## ASSIGNMENT

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:

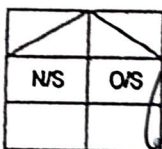
Excess:

(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:

05

days

Res.:

Yes or No

Lum Sum:

1.81

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA 4749X Regn: 09, 19

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

Truck / Trailer or

Make:

Hyundai Zonig cc 1500

Colour:

L. Blk

A/C:

Insured / Std / NI / NA

Sp. Reading

388148

T/Radio:

Insured / Std / NI / NA

Eng No:

C/No:

KMHG851CVKU146232

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

4/3/22

D.O.I.

8/3/2022

Survey held at

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

o/s Rear body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S - RS - SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$



# BIFROST AUTO PTE LTD

## REPAIR ESTIMATE

DATE: 6/Mar/22

INSURANCE:

MODEL: HYUNDAI IONIC

VEHICLE NO.: SHA 4749Y

Not Authorized  
Penny Bepain  
3 days  
8/3/22

Kenneth  
98910663

Description	Qty	List Price	Amount	
Rear Door (RH)	1	\$ 1,789.90	\$ 1,789.90	✓
Rear Door Outer Handle (RH)	1	\$ 124.80	\$ 124.80	X
Rear Door Gear/Regulator(RH)	1	\$ 367.84	\$ 367.84	X
Rear Door Power Motor (RH)	1	\$ 256.80	\$ 256.80	X
Rear Door Lock Assy	1	\$ 306.40	\$ 306.40	X
Rear Door Trim Board (RH)	1	\$ 613.60	\$ 613.60	X
Rear Door Protector(RH)	1	\$ 166.20	\$ 166.20	✓
Rocker Panel Outer Garnish	1	\$ 715.60	\$ 715.60	X
Rocker Panel Outer Garnish Clip	1	\$ 65.00	\$ 65.00	X
Rear Bumper	1	\$ 459.40	\$ 459.40	X
Rear Bumper Stay	1	\$ 138.10	\$ 138.10	X
Rear Bumper Side retainer (RH)	1	\$ 85.80	\$ 85.80	X
Rear Bumper Cover Clips	1	\$ 22.00	\$ 22.00	X
Rear Fender(RH)	1	\$ 1,768.30	\$ 1,768.30	✓
Rear Fender SHIELD REAR PIECE ( LH / RH )	1	\$ 173.60	\$ 173.60	X
Rear Fender SHIELD Frt Piece (RH)	1	\$ 165.50	\$ 165.50	X
Rear Tyre Rim (RH)	1	\$ 1,124.20	\$ 1,124.20	X
Rear Wheel Hup-Cap (RH)	1	\$ 346.40	\$ 346.40	✓
Rear Wheelbearing & Hub assy	1	\$ 554.00	\$ 554.00	X
Rear Trailing Arm(RH)	1	\$ 265.40	\$ 265.40	X
Rear Assist (RH)	1	\$ 227.90	\$ 227.90	7
Rear shock Absorber(RH)	1	\$ 230.50	\$ 230.50	7
Rear Shock Absorber Mounting (RH)	1	\$ 133.10	\$ 133.10	7
Rear Absorber stopper (RH)	1	\$ 137.60	\$ 137.60	X
Rear Absorber Cover (RH)	1	\$ 175.60	\$ 175.60	X
Rear Crossmember	1	\$ 1,468.70	\$ 1,468.70	X
Stabilizer Bar	1	\$ 387.30	\$ 387.30	X
Stabilizer Link (RH)	1	\$ 147.30	\$ 147.30	X
Rear Upper Arm(RH)	1	\$ 239.50	\$ 239.50	7
Rear Lower Arm(RH)	1	\$ 393.10	\$ 393.10	7
Rear Knuckle Arm (RH)	1	\$ 538.10	\$ 538.10	7
SUB TOTAL			\$ 13,587.54	
LESS 20%			\$ 2,717.51	
DISCOUNTED TOTAL			\$ 10,870.03	
Rear Door Tel No.Sticker(RH)	SN 1	\$ 10.00	\$ 10.00	1
Rear Door Comfortdelgro & Apps Sticker(RH)	SN 1	\$ 80.00	\$ 80.00	1
Rear Bumper Rubber Mat	SN 1	\$ 50.00	\$ 50.00	X
Rear Tyre(RH)	SN 1	\$ 216.00	\$ 216.00	X

<b>SUB TOTAL</b>			<b>\$ 356.00</b>
<b>Labour Charge</b>			
Panel Beating	1	\$1,800.00	\$1,800.00
Spray Painting Charge	1	\$1,400.00	\$1,400.00
Wiring Charge	1	\$100.00	\$100.00
Tuff Kote	1	\$100.00	\$100.00
Towing Charge	1	\$80.00	\$80.00
Remove/Refix Cushion & Upholstery Rear	1	\$150.00	\$150.00
Remove/Refix Undercarriage (RR)	1	\$400.00	\$400.00
Re-set Rear ABS System	<i>nn</i> 1	\$400.00	\$400.00
Remove/Refix Fuel Tank	<i>nn</i> 1	\$80.00	\$80.00
Transfer of Door Mechanism REAR	1	\$80.00	\$80.00
Re-set Rear Power Window System	<i>nn</i> 1	\$200.00	\$200.00
Four Wheel Alignment	1	\$120.00	\$120.00
Diagnostic & Resetting To Erase Fault Code	<i>nn</i> 1	\$550.00	\$550.00
<b>TOTAL LABOUR</b>			<b>\$5,460.00</b>
<b>ESTIMATE TOTAL</b>			<b>\$ 16,686.03</b>
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			

*700*  
*800*  
*200*  
*600*  
*500*  
*1000*  
*?*  
*X*  
*X*  
*600*  
*X*  
*600*  
*X*

**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:



# 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	07/03/2022 11:04 (SGT)
Date of Accident	04/03/2022 19:25 (SGT)
Exact Location of Accident	McCallum St, Singapore
Additional Location Information	TOWARDS ROBINSON ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4749Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-92200520
Alternative Phone No	(Office) +65-65508768

## VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae 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
Transmission	Auto
CC	1580

## INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

## DRIVER

Name of Driver	YONG LAY KWAN (YANG LIJUN)
NRIC No	SXXXX544H

## SKETCH PLAN

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7. By the lodging 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

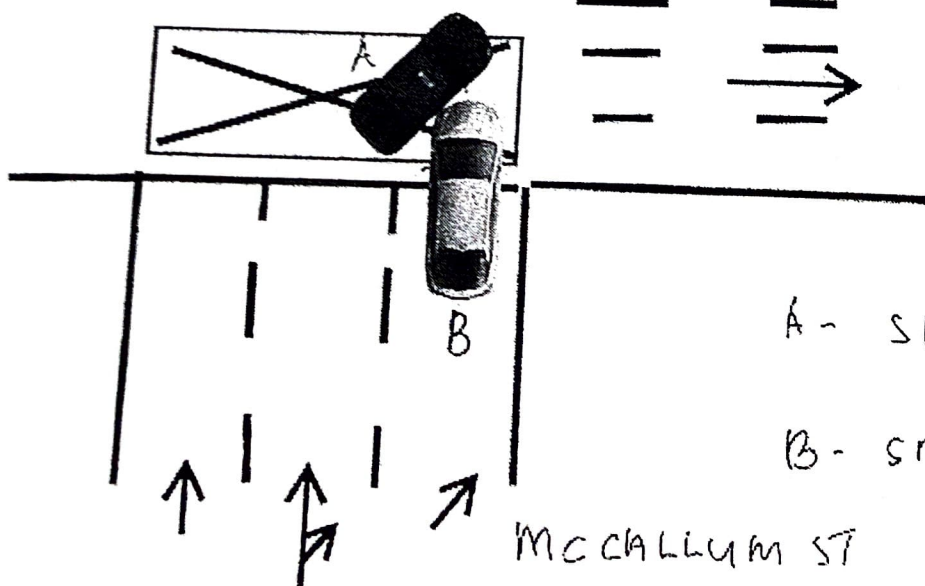
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



ROBINSON RD

A - SHA 4749Y

B - SMY 5109C

McCALLUM ST