

C9/MSG22006980/DVY<sup>3</sup>

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop n/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.

Bel. or Market Value: \_\_\_\_\_

IDAC Accident Report \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_

7 days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

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

Vehicle: IN / OUT

Date / Time Action / Instruction

MSG SLH 4225X

Vehicle balance 29 months of life span.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ Pref. Report  
☐ Final Report

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

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

Add Fee:

☐ Site Insp. (\$)

☐ Interview (\$)

☐ Tech. Ins. (\$)

☐ Weekend (\$)

Survey Fee:

Transportation

Phone

Other

TOTAL

Veh No: SHIA 9348 M

COE Dec 2024

Yr Reg: Dec 2016

Type: M Car / M Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make:

Hyundai Ioniq

cc 1680

Colour

Blue

MC: Insured / Std / NI / NA

Sp. Reading

478615

T/Factor Insured / Std / NI / NA

Eng No:

D4FDEU461711

C/No:

KMHLB41UM+1U097784

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRM / STD / Rim or

Type Size:

F:

205 / 60 R16

R:

— " —

BS / DUN / EXNOVA / GY / FS / LZA / HIC / HUTSH / PR / SHEL /  
TAYO / YOKO or

Westlake

Front

Rear

R/Bal

R/Bal

L/Bal

L/Bal

D.O.A

D.O.I

Survey held at

Befrust Sin Ming

Des. of Damages: Frl / Retr / D/S / N/S / U/C / Rooftop or

Rnd Y Rnd

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

Report Format: \_\_\_\_\_

Lump Sum / L.B.L: (\$ \_\_\_\_\_)

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	839G

### Vehicle Details

Vehicle No.:	SHA9348M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	31 Jul 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	D4FDEU461711
Chassis No.:	KMHLB41UMHU097784
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$19,826.00
Original Registration Date:	22 Dec 2016
First Registration Date:	22 Dec 2016
Transfer Count:	0
Actual ARF Paid:	\$19,826.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Dec 2024
PARF Rebate Amount:	\$13,878.00

### Intended COE Rebate Details

COE Expiry Date:	21 Dec 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,017.00
COE Rebate Amount:	\$12,252.00
<b>Total Rebate Amount:</b>	<b>\$26,130.00</b>

### 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 21 Jul 2022

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	21/07/2022 14:56 (SGT)
Reported by	Driver
Date of Accident	20/07/2022 18:15 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9348M
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### 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) +65-65508768
Alternative Phone No	-

### 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
Transmission	Auto
CC	1685

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2419140

### DRIVER

Name of Driver	YEO SEE JWEE
NRIC No	SXXXXX376E
Date Of Birth	09/01/1955
Occupation	Outdoor

Date Of Driving Pass	09/05/2017
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84287232
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 315B PUNGGOL WAY #04-677
Address complement	-
Postcode	822315
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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

ON 20/07/2022 AT ABOUT 18:15HRS. I WAS DRIVING VEHICLE A, SHA9348M TRAVELLING ALONG TAMPINES AVE 10 THEN ENTERED THE SLIP ROAD GOING TOWARDS TPE(SLE). VEHICLE C MAKE A SLOW STOP. I SLOWED AND STOP BEHIND VEHICLE C. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B HAS REAR ENDED MY VEHICLE AND CAUSED MY VEHICLE TO MOVE FORWARD AND HIT ONTO THE REAR OF VEHICLE C.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH4255X
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire



Name of Driver	-
Contact Number	(Phone) +65-97639047
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKR35A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FONG WEI KONG
NRIC No	SXXXX689D
Contact Number	(Phone) +65-97356534
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 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

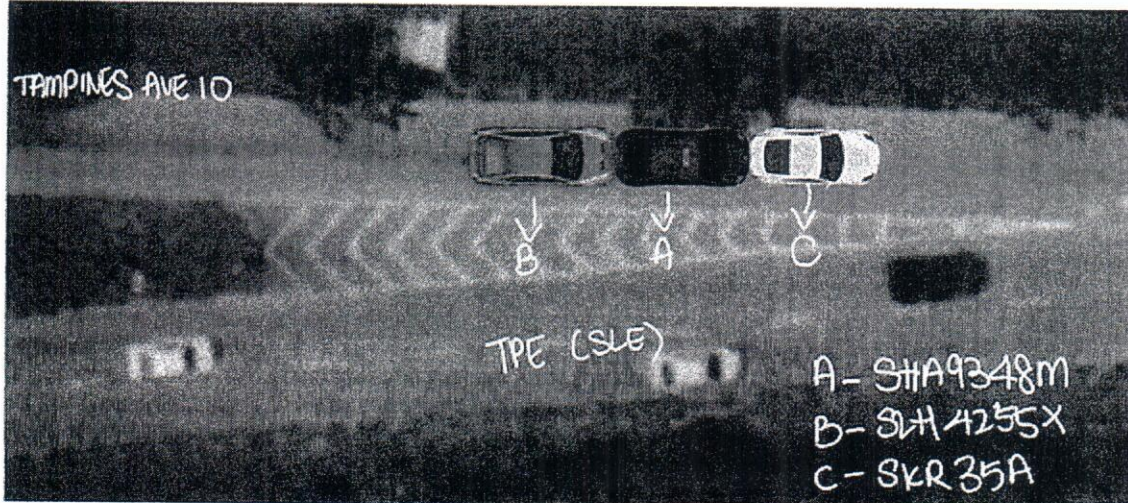
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

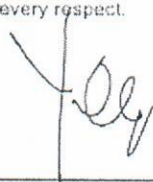
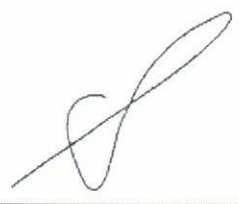


Describe Circumstances of the Accident

ON 20/07/2022 AT ABOUT 18:15HRS. I WAS DRIVING VEHICLE A, SHA9348M TRAVELLING ALONG TAMPINES AVE 10 THEN ENTERED THE SLIP ROAD GOING TOWARDS TPE(SLE). VEHICLE C MAKE A SLOW STOP. I SLOWED AND STOP BEHIND VEHICLE C. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B HAS REAR ENDED MY VEHICLE AND CAUSED MY VEHICLE TO MOVE FORWARD AND HIT ONTO THE REAR OF VEHICLE C.

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 14:20 21.07.22

Witnessed by Reporting Centre Personnel MD NADIN



# BIFROST AUTO PTE LTD

## REPAIR ESTIMATE

DATE: 21-Jul-22

INSURANCE: MSIG

MODEL: HYUNDAI I40

VEHICLE NO.: SHA 9348 M

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BOOTLID <i>br</i>	1	\$ 2,174.90	\$2,174.90
BOOTLID RUBBER <i>src</i>	1	\$ 96.50	\$96.50
BOOTLID HINGE (LH/RH) <i>hw</i>	2	\$ 284.60	\$569.20
BOOTLID LOCK UPPER <i>hw</i>	1	\$ 114.90	\$114.90
BOOTLID LOCK LOWER <i>hw</i>	1	\$ 31.70	\$31.70
BOOTLID I40 EMBLEM (I40) <i>hw Hec</i>	1	\$ 67.90	\$67.90
BOOTLID 'H' EMBLEM <i>hec</i>	1	\$ 63.10	\$63.10
BOOTLID CRDI PLATE <i>hw Hec</i>	1	\$ 52.40	\$52.40
BOOTLID LAMP (LH/RH) <i>hw</i>	2	\$ 1,131.20	\$2,262.40
LICENSE LAMP (LH/RH) <i>hw</i>	2	\$ 56.10	\$112.20
BOOTLID TRIMBOARD <i>hw</i>	1	\$ 343.90	\$343.90
BOOTLID TRIMBOARD CLIPS (11 PCS) <i>hw</i>	1	\$ 11.00	\$11.00
BOOTLID LOWER GARNISH CHROME(I40) <i>winningly broken</i>	1	\$ 385.30	\$385.30
REAR BUMPER <i>distorted / Deval</i>	1	\$ 1,106.00	\$1,106.00
REAR BUMPER REINFORCEMENT BRACKET LH/RH <i>br</i>	2	\$ 160.60	\$321.20
REAR BUMPER REINFORCEMENT <i>crack</i>	1	\$ 428.40	\$428.40
REAR BUMPER CLIP (10 pcs) <i>hec</i>	1	\$ 22.00	\$22.00
REAR BUMPER BRACKET <i>src</i>	1	\$ 35.60	\$35.60
REAR BUMPER SPONGE <i>ton</i>	1	\$ 119.50	\$119.50
REAR BUMPER UNDER COVER <i>distorted / Deval</i>	1	\$ 228.00	\$228.00
REAR BUMPER REFLECTOR LAMP (I40) <i>hw</i>	2	\$ 32.00	\$64.00
TAIL LAMP (LH/RH) <i>hw</i>	2	\$ 697.80	\$1,395.60
TAIL LAMP QUARTER PANEL (LH/RH) <i>hw</i>	2	\$ 453.00	\$906.00
REAR PANEL <i>degn</i>	1	\$ 526.70	\$526.70
REAR PANEL LOWER <i>hw</i>	1	\$ 495.50	\$495.50
REAR PANEL GARNISH <i>hw</i>	1	\$ 57.70	\$57.70
BONNET <i>hw</i>	1	\$2,508.80	\$2,508.80
BONNET RUBBER (LH) <i>hw</i>	1	\$ 35.70	\$35.70
BONNET RUBBER (RH) <i>hw</i>	1	\$ 35.70	\$35.70
BONNET HINGE (LH/RH) <i>hw</i>	2	\$ 126.70	\$253.40
BONNET LOCK <i>hw</i>	1	\$ 142.40	\$142.40
BONNET INSULATOR <i>hw</i>	1	\$ 202.50	\$202.50
BONNET INSULATOR CLIP 10 PCS <i>hw</i>	1	\$ 36.80	\$36.80
BONNET SEAL <i>hw</i>	1	\$ 31.90	\$31.90
RADIATOR GRILLE H EMBLEM <i>hec</i>	1	\$ 129.50	\$129.50
RADIATOR GRILLE <i>crack money</i>	1	\$ 1,480.00	\$1,480.00
FRONT BUMPER COVER <i>crack / br</i>	1	\$ 1,052.20	\$1,052.20
FRONT BUMPER SPONGE <i>ton</i>	1	\$ 379.20	\$379.20
FRONT BUMPER REINFORCEMENT <i>hw</i>	1	\$ 588.40	\$588.40
Front Bumper Centre Grille <i>hw</i>	1	\$178.60	\$178.60
FRONT BUMPER GRILLE (LH/RH) <i>hw</i>	2	\$ 149.20	\$298.40
FRONT BUMPER LIP <i>hw</i>	1	\$ 152.00	\$152.00
FRONT BUMPER BRACKET TOP (LH/RH) <i>hw</i>	2	\$ 44.80	\$89.60

553.00

1110.10



FRONT BUMPER BRACKET (LH/RH) <i>HN</i>	2	\$ 49.20	\$98.40	X
FRONT BUMPER RETAINER MOUNTING LH/RH <i>HN</i>	2	\$ 76.20	\$152.40	X
FRONT BUMPER GRILLE AIR DUCT (LH/RH) <i>HN</i>	2	\$ 126.20	\$252.40	X
HEADLAMP SUPPORT PANEL ASSY <i>HN</i>	1	\$ 907.40	\$907.40	X
HEADLAMP (LH/RH) <i>check monthly 1388.00 x 2</i>	2	\$ 2,776.00	\$5,552.00	✓
HEADLAMP SUPPORT TOP COVER <i>HN</i>	1	\$ 222.60	\$222.60	X
RADIATOR <i>HN</i>	1	\$ 1,637.20	\$1,637.20	X
RADIATOR GUARD (LH/RH) <i>HN</i>	2	\$ 76.50	\$153.00	X
RADIATOR BRACKET (LH/RH) <i>HN</i>	2	\$ 13.00	\$26.00	X
RADIATOR FAN BLADE, COWLING, MOTOR ASSY <i>HN</i>	1	\$ 1,194.20	\$1,194.20	X
HORN UNIT (LH/RH) <i>HN</i>	2	\$ 73.80	\$147.60	X
AIRCON CONDENSER <i>HN</i>	1	\$ 947.80	\$947.80	X
<b>SUB TOTAL</b>			<b>\$30,877.70</b>	
<b>LESS 20%</b>			<b>\$6,175.54</b>	
<b>DISCOUNTED TOTAL</b>			<b>\$24,702.16</b>	
BOOTLID CITYCAB LOGO & TEL NO. STICKER <i>HN</i> SN	1	\$ 39.00	\$39.00	✓
REAR NO. PLATE <i>HN</i> SN	1	\$ 25.00	\$25.00	X
REAR BUMPER REVERSE SENSOR <i>Dan</i> SN	1	\$ 135.70	\$135.70	✓
FRONT NUMBER PLATE <i>HN</i> SN	1	\$ 25.00	\$25.00	X
FRONT NO. PLATE TRIM COVER <i>HN</i> SN	1	\$ 30.00	\$30.00	X
COOLANT <i>HN</i> SN	1	\$ 45.00	\$45.00	X
<b>SUB TOTAL</b>			<b>\$299.70</b>	
<b>Labour Charge</b>				
Panel Beating	1	\$ 2,000.00	\$2,000.00	700/-
Spray Painting Charge	1	\$ 1,800.00	\$1,800.00	700/-
Wiring Charge	1	\$ 100.00	\$100.00	30/-
Tuff Kote	1	\$ 100.00	\$100.00	40/-
Towing Charge	1	\$ 80.00	\$80.00	HN
Remove/Refix Reverse Sensor	1	\$ 120.00	\$120.00	40/-
Remove/Refix Radiator	1	\$ 90.00	\$90.00	HN
Remove/Refix Aircon & Refill Gas	1	\$ 130.00	\$130.00	HN
Diagnostic & Resetting To Erase Fault Code	1	\$ 550.00	\$550.00	HN 1510.00
<b>TOTAL LABOUR</b>			<b>\$4,970.00</b>	
<b>ESTIMATE TOTAL</b>			<b>\$ 29,971.86</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 company. Please send your book value request to: [claims\\_ltr@bifrostauto.com](mailto:claims_ltr@bifrostauto.com)

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 final approval

- To be surveyed 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:

9,574.86

Supp 774.16

10,349.02

4/5 8,000/-

25/07/2022 e 1000m

Not Author

2/sum 8 days.

Ryan

LKK Auto

Prande BV

before finalization.

# BIFROST AUTO PTE LTD

## SUPPLEMENTARY

DATE: 26-Jul-22 INSURANCE: MSIG  
MODEL: HYUNDAI I40  
VEHICLE NO.: SHA 9348 M (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
EXHAUST SILENCER (RH) <i>rt</i>	1	\$ 1,935.40	\$1,935.40
<b>SUB TOTAL</b>			<b>\$1,935.40</b>
<b>LESS 20%</b>			<b>\$387.08</b>
<b>DISCOUNTED TOTAL</b>			<b>\$1,548.32</b>
<b>ESTIMATE TOTAL</b>			<b>\$1,548.32</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 company. Please send your book value request to: [claims\\_ltr@bifrostauto.com](mailto:claims_ltr@bifrostauto.com)

*ryan*

*Jkk Auto*

*R*

*774.16*

*✓ 967.70*