

A.E.S. REC. BY:

REF:

CS/MSG22011203/Dwy³

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. _____

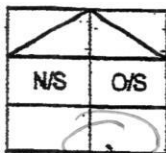
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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 NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 3614TYr Regn: Sept / 2016

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 853045 T/Radio: Insured / Std / NI / NAEng/No: 22RR923660C/No: JTDKB3FU703530491

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R: _____

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal. S mmR/Bal. S mmL/Bal. S mmL/Bal. S mmD.O.A. 04/11/2022 2022D.O.I. 09/11/2022

Survey held at

21st St Sin Ming

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

Rear

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

Date / Time	Action / Instruction
	MSG YL 7830R
27/3/23	To seek mandate
04/05/2023	Finalise L/S \$14,000.00 @ 7 Days (Red \$14,335.41 / 51%)

Date/Time, File Pass to?

09/05/2023

1) Tyoist

Date/Time, File Return to?

2)



Prel. Report



Final Report

Days Of Repair: 7

Resurvey No. of Trip: _____

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Report Format: TPInsured Sum: L/S to TP: 49 \$14,000

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 7-Nov-22

MODEL: TOYOTA PRIUS

VEHICLE NO.: SHD 3614 T

INSURANCE: MSIG

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:

DESCRIPTION	QTY	LIST PRICE	AMOUNT
REAR TRUNK LID COVER <i>Dented</i>	1	\$1,303.29	\$1,303.29
REAR TRUNK LID LOCK <i>Dm</i>	1	\$530.79	\$530.79
REAR TRUNK LID LOCK COVER <i>src</i>	1	\$ 129.80	\$ 129.80
REAR TRUNK LID LOCK SWITCH <i>HN</i>	1	\$ 468.90	\$ 468.90
REAR TRUNK LID COVER TRIM BOARD <i>mostly broken</i>	1	\$254.40	\$254.40
Boot Lid Trimboard, Centre <i>HN</i>	1	\$159.60	\$ 159.60
Boot Lid Trimboard SIDE (LH/RH) <i>HN</i>	2	\$92.50	\$ 185.00
Boot Lid Trimboard REAR <i>HN</i>	1	\$124.80	\$ 124.80
BOOT HANDLE <i>HN</i>	1	\$31.80	\$31.80
REAR TRUNK LID RUBBER <i>damaged</i>	1	\$365.20	\$365.20
REAR TRUNK LID GLASS (BLACK COLOR) <i>shattered</i>	1	\$969.70	\$969.70
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE <i>broken</i>	1	\$1,054.71	\$1,054.71
REAR TRUNK LID LOGO (PRIUS) <i>HN</i>	1	\$62.14	\$62.14
REAR TRUNK LID LOGO (HYBRID) <i>HN</i>	1	\$62.14	\$62.14
REAR TRUNK LID LOGO (TOYOTA STAR) <i>HN</i>	1	\$81.43	\$81.43
THIRD BRAKE LIGHT <i>broken</i>	1	\$394.70	\$394.70
REAR TRUNK LID STRIKER <i>HN</i>	1	\$98.70	\$98.70
REAR TRUNK LID HINGE (LH/RH) <i>bt</i>	2	\$189.50	\$379.00
REAR TRUNK LID ABSORBER (LH/RH) <i>Dm</i>	2	\$287.50	\$575.00
REAR TRUNK LID ABSORBER BRACKET (LH/RH) <i>bt</i>	2	\$127.90	\$255.80
REAR TRUNK LID STOPPER (LH/RH) <i>src</i>	2	\$84.80	\$169.60
SPOILERSUB-ASSY, REAR <i>broken</i>	1	\$1,787.79	\$1,787.79
REAR WINDSCREEN GLASS W/ MOULDING <i>mostly broken</i>	1	\$1,884.32	\$1,884.32
ROOF TOP CENTER COVER - BLACK <i>mostly broken</i>	1	\$956.30	\$956.30
ROOF TOP GARNISH SUB, LH <i>distorted</i>	1	\$136.80	\$136.80
ROOF TOP GARNISH SUB, RH <i>distorted</i>	1	\$136.80	\$136.80
REAR NO. PLATE LAMP LH/RH <i>HN</i>	2	\$163.50	\$327.00
REAR BUMPER <i>Dented</i>	1	\$503.04	\$503.04
REAR BUMPER RE-INFORCEMENT <i>bt</i>	1	\$378.32	\$378.32
REAR BUMPER LOWER COVER <i>broken</i>	1	\$654.96	\$654.96
REAR BUMPER SIDE RETAINER <i>o/s HN n/s broken</i>	2	\$112.70	\$225.40
REAR BUMPER TOWING COVER <i>src</i>	1	\$82.70	\$82.70
REAR BUMPER CLIPS <i>HN</i>	1	\$22.00	\$22.00
REAR BUMPER SIDE CLIP <i>HN</i>	2	\$25.00	\$50.00
REAR BUMPER UPPER STOPPER (LH/RH) <i>src</i>	2	\$76.40	\$152.80
SEAL, REAR BUMPER SIDE, LH/RH <i>mostly broken</i>	2	\$148.40	\$296.80
REAR BUMPER UNDER SIDE COVER (LH/RH) <i>HN</i>	2	\$232.00	\$464.00
ARM SUB-ASSY, REAR BUMPER, (LH/RH) <i>HN</i>	2	\$139.60	\$279.20
REAR BUMPER REVERSE SENSOR <i>Dm</i>	1	\$235.70	\$235.70
TAIL LAMP ASSY (UPPER) <i>broken</i>	2	\$557.90	\$1,115.80

✓ 1147.80

✓ 452.00

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✓ 1322.10

✓ 1758.70

TAIL LAMP ASSY (LOWER) <i>broken / mostly broken</i>	2	\$570.00	\$1,140.00	✓
TAIL LAMP QUARTER PANEL <i>Revised</i>	2	\$216.00	\$432.00	✓
TAIL LAMP SIDE COVER <i>cut / distorted</i>	2	\$256.00	\$512.00	✓
REAR TAILLAMP GUIDE - WHITE <i>HH</i>	1	\$95.30	\$95.30	X
REAR END PANEL <i>Revised</i>	1	\$738.96	\$738.96	✓ 651.00
REAR END PANEL GARNISH <i>original / mostly broken</i>	1	\$294.80	\$294.80	✓
REAR SPARE TYRE PANEL <i>Revised</i>	1	\$960.80	\$960.80	X
REAR END PANEL GARNISH COVER <i>HH</i>	1	\$138.90	\$138.90	X
REAR SPARE TYRE CUSHION (FLR BOARD CENTRE) <i>HH / broken</i>	1	\$668.90	\$668.90	✓
REAR FIBER TOOL BOX TRIM (LH/RH) <i>broken</i>	1	\$598.00	\$598.00	✓
REAR FIBER TOOL BOX CENTER <i>HH</i>	1	\$186.20	\$186.20	X
SPARE TYRE LOCK NUT <i>HH</i>	1	\$88.40	\$88.40	X
SPARE TYRE LOCK NUT BRACKET <i>HH</i>	1	\$113.50	\$113.50	X
REAR EXHAUST PIPE RH <i>HH</i>	1	\$1,163.40	\$1,163.40	X
REAR EXHAUST PIPE HANGER <i>HH</i>	1	\$40.70	\$40.70	X
REAR EXHAUST PIPE INSULATOR <i>HH</i>	1	\$314.60	\$314.60	X
SUB TOTAL			\$24,832.69	
LESS 20% <i>25%</i>			\$4,966.54	
DISCOUNTED TOTAL			\$19,866.15	
REVERSE CAMERA ASSY <i>HH</i>	SN 1	\$380.00	\$380.00	X
REAR TRUNK LOWER W/S MOULDING <i>HH</i>	SN 1	\$180.00	\$180.00	X
REAR LOWER W/S SEALANT <i>HH</i>	SN 1	\$46.00	\$46.00	✓
REAR WINDSCREEN SEALANT <i>HH</i>	SN 1	\$46.00	\$46.00	✓
REAR NO. PLATE WITH COVER <i>3VL</i>	SN 1	\$100.00	\$100.00	X
REAR TRUNK LID APPS STICKER <i>HH</i>	SN 1	\$40.00	\$40.00	✓
REAR TRUNK LID COMFORT & TEL NO. STICKER <i>HH</i>	SN 1	\$60.00	\$60.00	✓
SUB TOTAL			\$852.00	
Labour Charge				
Panel Beating	1	\$2,000.00	\$2,000.00	1200/-
Spray Painting Charge	1	\$1,600.00	\$1,600.00	1000/-
Wiring Charge	1	\$100.00	\$100.00	30/-
Tuff Kote	1	\$100.00	\$100.00	40/-
Towing Charge	1	\$80.00	\$80.00	HH
Remove/Refix Rear Windscreen Glass	2	\$120.00	\$240.00	120/-
Remove/Refix Reverse Sensor	1	\$120.00	\$120.00	40/-
Remove/Refix Exhaust Pipe	1	\$80.00	\$80.00	HH
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00	HH 2430.00
TOTAL LABOUR			\$4,870.00	
ESTIMATE TOTAL			\$25,588.15	
<p>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_itr@bifrostauto.com</p>				

09/11/2022 @ 1300h

HA Andrew

1/3 hour 7 days.

ryan

2kt auto

15984.77

Supp 1831.53

17,816.30

2/3 14,000/-

BIFROST AUTO PTE LTD

SUPPLEMENTARY

DATE: 10-Nov-22 INSURANCE: _____
MODEL: TOYOTA PRIUS
VEHICLE NO.: SHD 3614 T (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
REAR FENDER, RH <i>new</i>	1	\$992.04	\$992.04
REAR FENDER, LH <i>new</i>	1	\$992.04	\$992.04
REAR FENDER TRIMBOARD (LH/RH) <i>turn 1st</i>	2	\$725.00	\$1,450.00
SUB TOTAL			\$3,434.08
LESS 20% <i>25%</i>			\$686.82
DISCOUNTED TOTAL			\$2,747.26
ESTIMATE TOTAL			\$2,747.26

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_itr@bifrotauto.com

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L

2,442.04
1,831.53

[Signature]
10/11/2022
2kk Auto
[Signature]

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

Vehicle Details

Vehicle No.:

SHD3614T

Vehicle to be Exported:

Yes

Intended Deregistration Date:

30 Nov 2022

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS HYBRID 1.8 CVT

Primary Colour:

Blue

Manufacturing Year:

2016

Engine No.:

2ZRR923660

Chassis No.:

JTDKB3FU703530401

Maximum Power Output:

90.0 kW (120 bhp)

Open Market Value:

\$31,008.00

Original Registration Date:

14 Sep 2016

First Registration Date:

14 Sep 2016

Transfer Count:

0

Actual ARF Paid:

\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

13 Sep 2024

PARF Rebate Amount:

\$3,250.00

Intended COE Rebate Details

COE Expiry Date:

13 Sep 2024

COE Category:

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

COE Period(Years):

8

PQP Paid:

\$42,672.00

COE Rebate Amount:

\$9,527.00

Total Rebate Amount:

\$12,777.00

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 07 Nov 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 Actual 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	05/11/2022 14:34 (SGT)
Reported by	Driver
Date of Accident	04/11/2022 16:20 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3614T
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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) +65-98894908
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
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	BENJAMIN EUGENE CHUA CHIN CHEONG
NRIC No	SXXXX004A
Date Of Birth	29/05/1978
Occupation	Outdoor

Date Of Driving Pass	12/12/1998
Driving experience	23 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98894908
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 185B WOODLANDS STREET 12 #23-663
Address complement	-
Postcode	732185
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

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 04.11.2022 AT ABOUT 1620 HRS I WAS DRIVING MY VEHICLE A SHD3614T FETCHING MY PASSENGERS TO BUKIT MERAH. MY VEHICLE A WAS ON THE MIDDLE LANE OF CLEMENTI AVE 6 AND STOP AT THE TRAFFIC LIGHTS. VEHICLE B YL7830R THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGERS ARE SHOCK BUT NOT INJURED AT THAT POINT OF TIME. MYSELF I HURT MY BACK AND LEG. PARTICULARS EXCHANGED. MY PASSENGERS GOT ANOTHER TAXI ARRANGED BY COMFORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL7830R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SOH KIEN YAP
NRIC No	SXXXX992J
Contact Number	(Phone) +65-98583285
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	BENJAMIN EUGENE CHUA CHIN CHEONG
Gender	Male
Phone No	(Phone) +65-98894908
Address	BLK 185B WOODLANDS STREET 12 #23-663
Address Complement	-
Post Code	732185
Approximate Age Years Old	-
Injuries Sustained	BACK, LEFT KNEE AND NECK
Injured person in which vehicle?	SHD3614T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLANIMPORTANT 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.
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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

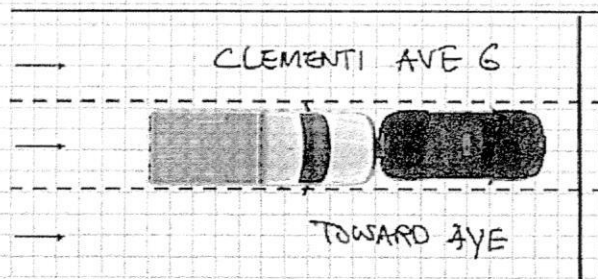
Sketch Plan

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

Witnessed by Reporting Centre Personnel

A-SHD 3614T

B-YL7830R



Describe Circumstances of the Accident

ON 04.11.2022 AT ABOUT 1620 HRS I WAS DRIVING MY VEHICLE A SHD3614T FETCHING MY PASSENGERS TO BUKIT MERAH. MY VEHICLE A WAS ON THE MIDDLE LANE OF CLEMENTI AVE 6 AND STOP AT THE TRAFFIC LIGHTS. VEHICLE B YL830R THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGERS ARE SHOCK BUT NOT INJURED AT THAT POINT OF TIME. MYSELF I HURT MY BACK AND LEG. PARTICULARS EXCHANGED. MY PASSENGERS GOT ANOTHER TAXI ARRANGED BY COMFORT.

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

Witnessed by Reporting Centre Personnel

05.11.2022

1245HRS

Personnel