

ASS. FILE BY:

REF:

CS/LIP 22012508/DWY³

ASSIGNMENT

10E Dec 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. _____

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.

Book Value - no log card

Bel. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 2334 M Yr Regn: Dec / 2017

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

Truck / Trailer or

Make: Hyundai I40 C.C. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 839969 T/Radio: Insured / Std / NI / NA

Eng/No: D4FD GU 660655

C/No: KMH LB41UM+U098648

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: 205/60 R16

R: 11

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

TOYO / YOKO or

Giti

Front

Rear

R/Bal. 8 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 13/12/2022 D.O.I. 14/12/2022

Survey held at Bijust Sin Ming

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

H/S Pushin

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

Date / Time Action / Instruction

Liberty SFB 6040M

Vehicle balance 36 months at time of accident.

14/3/23 Vehicle 2/5 5,400 - with 6 days of rep (Red \$ 22,605.04/81%)

Date/Time, File Pass to?

15/03/2023

1) TYPIST

Date/Time, File Return to?

2)

☐ : Preli. Report

☒ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

Report Format: TP

1 unit: 3 unit: 1 unit: 1 unit: L/S \$5,400

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 13-Dec-22

INSURANCE: Liberty

MODEL: HYUNDAI I40

VEHICLE NO.: SHC 2334M

DESCRIPTION	QTY	LIST PRICE	AMOUNT
REAR BUMPER	1	\$ 1,106.00	\$1,106.00
REAR BUMPER CLIP (10 pcs)	1	\$ 22.00	\$22.00
REAR BUMPER BRACKET	1	\$ 35.60	\$35.60
REAR FENDER (LH/RH)	1	\$ 2,171.40	\$2,171.40
REAR WINDSCREEN MOULDING	1	\$ 51.80	\$51.80
REAR DOOR (LH/RH)	1	\$2,707.70	\$2,707.70
REAR DOOR RUBBER (LH/RH)	1	\$ 280.50	\$280.50
REAR DOOR REGULATOR (LH/RH)	1	\$ 660.90	\$660.90
REAR DOOR POWER WINDOW MOTOR	1	\$ 386.20	\$386.20
REAR DOOR LOCK ASSY	1	\$ 468.20	\$468.20
ROCKER PANEL OUTER GARNISH (LH/RH)	1	\$ 732.80	\$732.80
ROCKER PANEL OUTER GARNISH CLIP(LH/RH)	1	\$ 65.00	\$65.00
REAR TYRE RIM (LH/RH)	1	\$ 650.60	\$650.60
REAR TYRE WHEEL CAP	1	\$ 214.20	\$214.20
REAR WHEEL BEARING ING & HUB	1	\$ 724.00	\$724.00
REAR TRAILING ARM (LH/RH)	1	\$ 384.00	\$384.00
REAR ASSIST (LH/RH)	1	\$ 219.40	\$219.40
REAR SHOCK ABSORBER (LH/RH)	1	\$ 683.70	\$683.70
REAR UPPER ARM (LH/RH)	1	\$ 335.75	\$335.75
REAR LOWER ARM (LH/RH)	1	\$ 353.80	\$353.80
REAR KNUCKLE ARM (LH/RH)	1	\$ 545.60	\$545.60
FRONT BUMPER COVER	1	\$ 1,052.20	\$1,052.20
FRONT BUMPER BRACKET TOP (LH/RH)	1	\$ 44.80	\$44.80
FRONT BUMPER BRACKET (LH/RH)	1	\$ 49.20	\$49.20
FRONT BUMPER RETAINER MOUNTING LH/RH	1	\$ 76.20	\$76.20
HEADLAMP (LH/RH)	1	\$ 2,776.00	\$2,776.00
FRONT FENDER (LH/RH)	1	\$ 663.00	\$663.00
FRONT FENDER SHIELD (LH/RH)	1	\$ 174.90	\$174.90
FRONT DOOR MIRROR ASSY (LH/RH)	1	\$ 893.50	\$893.50
FRONT DOOR (LH/RH)	1	\$2,707.70	\$2,707.70
FRONT DOOR RUBBER	1	\$ 290.50	\$290.50
FRONT WHEEL RIM (LH/RH)	1	\$ 650.60	\$650.60
FRONT WHEEL HUB CAP (LH/RH)	1	\$ 214.20	\$214.20
KNUCKLE ARM (LH/RH)	1	\$ 1,104.00	\$1,104.00
FRONT WHEEL BEARING AND HUB (LH/RH)	1	\$ 863.80	\$863.80
FRONT SUSPENSION LOWER ARM (LH/RH)	1	\$ 595.90	\$595.90
FRONT SHOCK ABSORBER ASSY (LH/RH)	1	\$ 684.40	\$684.40
SUB TOTAL			\$25,640.05
LESS 20%			\$5,128.01
DISCOUNTED TOTAL			\$20,512.04
REAR WINDSCREEN SEALANT	SN 1	\$ 46.00	\$46.00

2201.70

107.10

2256.40

107.10

6,133.10

4,906.48

REAR DOOR TEL NO. STICKER (LH/RH) New	SN	1	\$ 10.00	\$10.00
Rear Door Comfortdelgro & Apps Sticker(LH/RH) New	SN	1	\$ 80.00	\$ 80.00
REAR TYRE (LH/RH) New	SN	1	\$ 216.00	\$216.00
FRONT DOOR COMFORT LOGO (LH/RH) New	SN	1	\$ 75.00	\$75.00
FRONT TYRE (LH/RH) New	SN	1	\$ 216.00	\$216.00
SUB TOTAL				\$643.00
Labour Charge				
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
Remove/Refix Cushion & Upholstery Rear		1	\$ 150.00	\$150.00
Remove/Refix Rear Windscreen Glass		1	\$ 120.00	\$120.00
Remove/Refix Reverse Sensor		1	\$ 120.00	\$120.00
Remove/Refix Undercarriage (RR)		1	\$ 400.00	\$400.00
Re-set Rear ABS System		1	\$ 400.00	\$400.00
Remove/Refix Fuel Tank		1	\$ 150.00	\$150.00
Transfer of Door Mechanism FRONT		1	\$ 80.00	\$80.00
Re-set Frt Power Window System		1	\$ 200.00	\$200.00
Transfer of Door Mechanism REAR		1	\$ 80.00	\$80.00
Re-set Rear 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
Diagnostic & Resetting To Erase Fault Code		1	\$ 550.00	\$550.00
TOTAL LABOUR				\$6,850.00
ESTIMATE TOTAL				\$ 28,005.04
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				

14/12/2022 @ 1030m

6,791.48

Hst And

L/S 5,400/-

2/2m

6 dgi.

Ign

2Kk And

Provide W before

Intend

Repair Limit

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:

Customer: LIM TAN			Date: 12/14/2022 1:14 PM			
Company: 01-42			VIN			
License NO: SHC 2334M			Technician:			
Odometer:			Order NO:			
VEHICLE ALIGNMENT REPORT						
HYUNDAI, i40 VF Series, 15-15 (Customized)						
Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	4°10'	3°54'	4°54'	4°24'
		Right	4°17'	3°54'	4°54'	4°36'
	Camber	Left	-0°48'	-1°00'	0°00'	-0°48'
		Right	-0°36'	-1°00'	0°00'	-0°30'
	Toe	Left	-0°09'	-0°06'	0°06'	-0°03'
		Right	-0°12'	-0°06'	0°06'	-0°24'
Total		-0°21'	-0°12'	0°12'	-0°27'	
Rear	Camber	Left	-2°00'	-1°30'	-0°30'	-2°42'
		Right	-1°36'	-1°30'	-0°30'	-1°36'
	Toe	Left	-0°18'	0°00'	0°12'	-0°21'
		Right	0°09'	0°00'	0°12'	0°09'
		Total	-0°09'	0°00'	0°24'	-0°12'
	Thrust Angle		-0°14'	----		-0°15'
Secondary Angles			Initial	Specifications		Final
				Min.	Max.	
SAI	Left	13°38'	13°18'	14°18'	13°38'	
	Right	14°07'	13°18'	14°18'	14°07'	
Included Angle	Left	12°50'	----	----	12°50'	
	Right	13°31'	----	----	13°37'	
Toe Out On Turns	Left	----	----	----	----	
	Right	----	----	----	----	
Max Turn Inside	Left	----	----	----	----	
	Right	----	----	----	----	
Toe Curve Change	Left	----	----	----	----	
	Right	----	----	----	----	
Setback	Front	-1mm	----	----	-1mm	
	Rear	-1mm	----	----	-1mm	
Track Width Diff.			-3mm			-3mm
Wheel Base Diff.			0mm			1mm
Front Ride Height	Left	----	----	----	----	
	Right	----	----	----	----	
Rear Ride Height	Left	----	----	----	----	
	Right	----	----	----	----	
Frame Angle						----

ONE STOP AUTOMOTIVE SOLUTION

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHC2334M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	31 Dec 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDGU660655
Chassis No.:	KMHLB41UMHU098648
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,946.00
Original Registration Date:	13 Dec 2017
First Registration Date:	13 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$18,946.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Dec 2025
PARF Rebate Amount:	\$13,262.00
Intended COE Rebate Details	
COE Expiry Date:	12 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$12,591.00
Total Rebate Amount:	\$25,853.00
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 13 Dec 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	13/12/2022 12:44 (SGT)
Reported by	Driver
Date of Accident	13/12/2022 07:35 (SGT)
Exact Location of Accident	Woodlands Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2334M
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) +65-98302513
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
Transmission	Auto
CC	1685

INSURANCE COMPANY

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

DRIVER

Name of Driver	LAY TEO KOO
NRIC No	SXXXX673E
Date Of Birth	14/07/1954
Occupation	Outdoor



Date Of Driving Pass	30/11/1978
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98302513
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 251 JURONG EAST STREET 24 # 05 - 118
Address complement	-
Postcode	600251
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	Collision - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	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 13.12.2022 AT ABOUT 0735HRS I WAS DRIVING MY VEHICLE A SHC2334M FETCHING MY PASSENGER TO JALAN BESAR. MY VEHICLE A WAS ON THE MIDDLE LANE OF WOODLANDS AVE 2. NEAR BLOCK 500, VEHICLE B SFB6040M ON MY LEFT, CUT INTO MY LANE AND SIDE SWIPE HIS VEHICLE B RIGHT FRONT ONTO MY VEHICLE A WHOLE LEFT SIDE. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AFTER TAKING SCENE PHOTOS AND PARTICULARS EXCHANGED.

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	SFB6040M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE WU TECK
NRIC No	SXXXX001I
Contact Number	(Phone) +65-91802001
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	RIGHT FRONT
No. Of Passenger (Including Driver)	-

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personne

Sketch Plan

13.12.2022

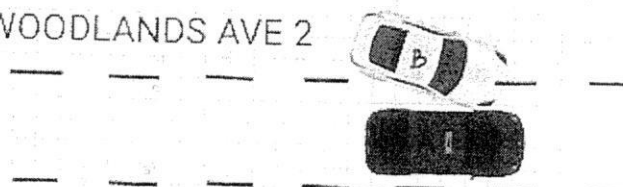
1040HRS

[Signature]

A - SHC2334M

B - SFB6040M

WOODLANDS AVE 2



Describe Circumstances of the Accident

ON 13.12.2022 AT ABOUT 0735HRS I WAS DRIVING MY VEHICLE A SHC2334M FETCHING MY PASSENGER-TO JALAN BESAR. MY VEHICLE A WAS ON THE MIDDLE LANE OF WOODLANDS AVE 2. NEAR BLOCK 500, VEHICLE B SFB6040M ON MY LEFT, CUT INTO MY LANE AND SIDE SWIPE HIS VEHICLE B RIGHT FRONT ONTO MY VEHICLE A WHOLE LEFT SIDE. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AFTER TAKING SCENE PHOTOS AND PARTICULARS EXCHANGED.

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 13.12.2022 1045HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG

Witnessed by Reporting Centre
Personnel