



Our Job Ref No 305392726

Date : 23.04.20

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RAM

Vehicle Reg No. SHB4128J CTPL

08.04.20

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SLU520M

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

**Total for Part-By-Part Repair Cost**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

20%

\$3,500.00

**Final Lumpsum Repair cost**

**\$3,500.00**

3. Estimated normal period for repairs: 3 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

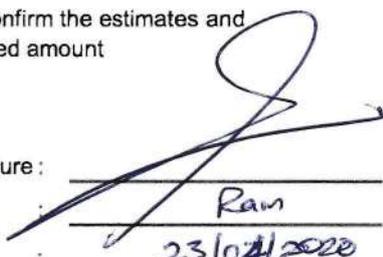
We confirm the estimates and finalized amount

Signature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Ram

Date : 23/04/2020

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_



Like

NTUC

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 09.04.2020  
Time: 11:34:53  
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305392726  
REGN NO : SHB4128J  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 29.10.2015  
DATE/TIME IN : 08.04.2020 15:20  
ACCIDENT DATE : 08.04.2020

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	L	1,052.20	20.00	841.76	PEF
0002	04-01-0103-0637-G	I40VC BRKT ASSY-FR BPR UP	1	L	22.40	20.00	17.92	NEC
0003	04-01-0103-0639-G	I40VC BRACKET-FR BUMPER S	1	L	24.60	20.00	19.68	XUN
0004	04-01-0103-0632-G	I40V2 COVER-FR BUMPER SID	1	L	93.60	20.00	74.88	XUN
0005	04-01-0103-2164-G	I40V3 GRILLE ASSY-RADIATO	1	L	1,480.00	20.00	1,184.00	SCR
0006	04-01-0103-2175-G	I40V3 SYMBOL MARK-H	1	L	39.50	20.00	31.60	NEC
0007	FNPS	FRT NO PLATE(S)	1	N	25.00	10.00	22.50	MIS
0008	FNPS	FRT NO PLATE(S) TRIM COVE	1	N	30.00	10.00	27.00	MIS
0009	04-01-0103-0781-A	I40VC LAMP ASSY-HEAD LH#	1	L	1,388.00	20.00	1,110.40	SCR

SUB-TOTAL : 3,329.74

JOB NATURE

0000	L	PANEL BEATING (repair Bonnet)	450.00	\$420
0001	23-502	SPRAYPAINT ON AFFECTED AREA	450.00	\$400

**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:

323518  
260-2A

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305392726  
 REGN NO : SHB4128J  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 29.10.2015  
 DATE/TIME IN : 08.04.2020 15:2  
 ACCIDENT DATE : 08.04.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0002 17-01 CHECK ALL LIGHTING	50.00				
0003 20-00 TUFF COAT ON AFFECTED PARTS.	50.00				<del>400</del> \$30
SUB-TOTAL :					1,000.00
TOTAL :					4,329.74

MVA NAME & SIGNATURE  
 DATE :

AUTHORISED : YES / NO  
 SURVEYOR NAME & SIGNATURE  
 DATE :

*Ram(LKK)*  
*# 9/4/2020 1540*  
*Ben@surama@lkkauto.com*  
*ada@repairphoto*  
*LS*  
*3 days*

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- No illegal modification(s) is allowed
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Acknowledged by Repairer  
 Signature:  
 Date:

*(Mirrored/Inverted version of the LKK Auto Consultants disclaimer box)*

Team: ARC Repair TP(CLSO)1      **JOB CARD**      Sales Order:      JC NO.: 305392726

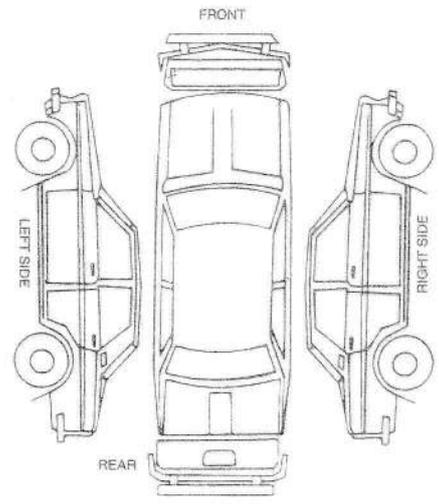
TOMER AS COMFORT TRANSPORTATION PTE LTD TOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO: SHB4128J MAKE: HYUNDAI MODEL I-40 YR OF MANU. 29.10.2015 CHASSIS CODE KMHLB41UMGU080200	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 08.04.2020 15:20 TARGET DATE COMPLETION DATE/TIME:
--	--	--

NTUC

Accident Date: 08.04.2020  
NATURE: 3P 08.04.2020

JOB DESCRIPTION

S/NO      LABOR CODE      DESCRIPTION



BOOKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR      CUSTOMER'S SIGNATURE

Confirmation Slip  
No.: SHB4128J      LKE  
Signature/Date: *RAM*

Exit Pass  
Vehicle No.: SHB4128J  
Name of Service Advisor      Date

Returned to Service Reception upon collection

To be kept by Security Guard

## 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 Report	09/04/2020 08:26
Date Of Accident	08/04/2020 11:40
Exact Location Of Accident	NEWTON HAWKER CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4128J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	NEO ENG SWEE
NRIC No	SXXXX102B
Date Of Birth	20/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1983
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90121026
Fax Number	
Contact Number	
EEmail Address	REXNEO168@GMAIL.COM

Address	BLK 348D YISHUN AVENUE 11 #10-607
Postcode	764348
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU520M
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHENG SHILEI NATALIE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH
No. Of Passenger (Including Driver)	

**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.
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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.
- (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, investigation, 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.

COMPANY INFORMATION REPORT LTD  
CO. REG. NO. 10439321R

Olivia Wendy

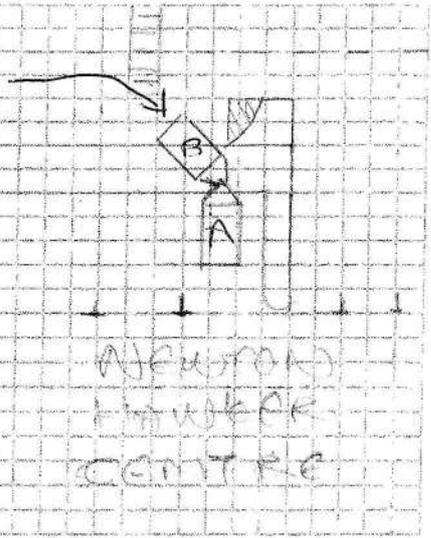
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Olivia Wendy  
NRIC/FIN No.:

A = SHB 2128J

B = SLU 520M  
(Audi)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT DRIVING CENTRES LTD  
CO. REG. NO. 1033821R

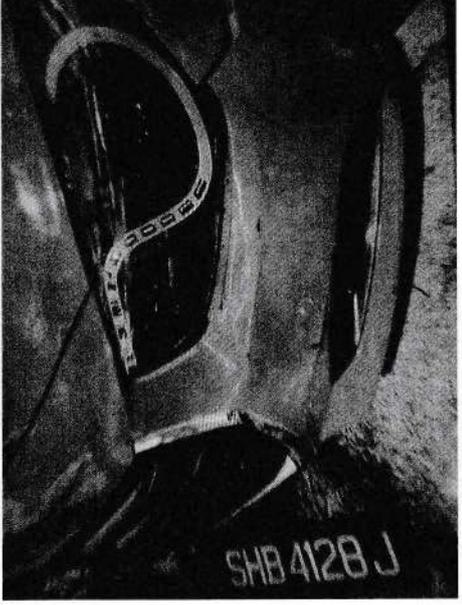
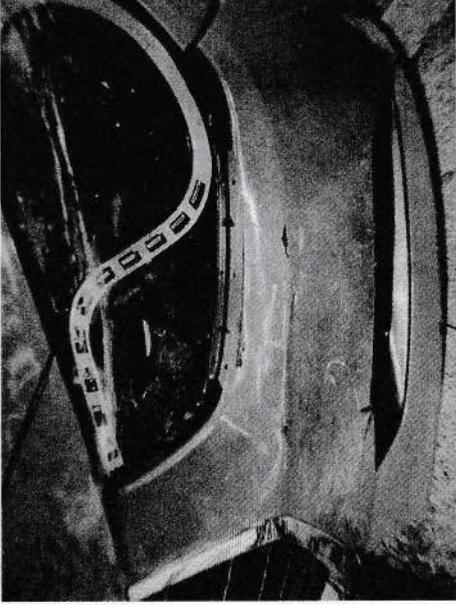
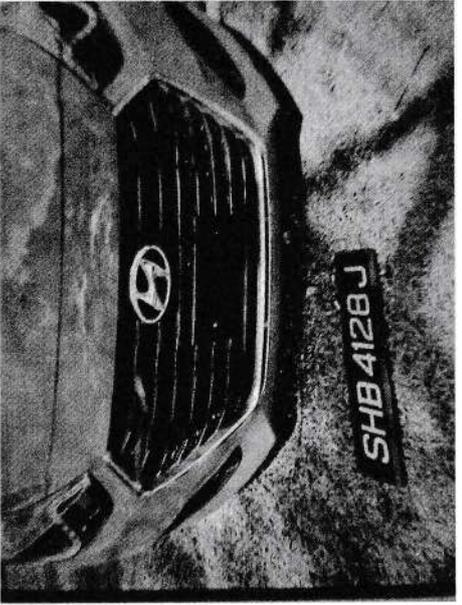
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No. 00 APR 2020





> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company  
Owner ID: 821R

### Vehicle Details

Vehicle No.: SHB4128J  
Vehicle to be Exported: No  
Intended Deregistration Date: 13 Apr 2020  
Vehicle Make: HYUNDAI  
Vehicle Model: I40 1.7 CRDI F/L AT ABS AIRBAG 4DR  
Primary Colour: Blue  
Manufacturing Year: 2015  
Engine No.: D4DFU553470  
Chassis No.: KMHLB41UMGU080200  
Maximum Power Output: 100.0 kW (134 bhp)  
Open Market Value: \$20,877.00  
Original Registration Date: 29 Oct 2015  
First Registration Date: 29 Oct 2015  
Transfer Count: 0  
Actual ARF Paid: \$21,228.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 28 Oct 2023  
PARF Rebate Amount: \$15,921.00

### Intended COE Rebate Details

COE Expiry Date: 28 Oct 2023  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Period(Years): 8  
PQP Paid: \$45,439.00  
COE Rebate Amount: \$20,108.00  
**Total Rebate Amount: \$36,029.00**

### 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 Apr 2020

OK