

NOTUC - Lim

COMFORTDELGRO ENGINEERING PTE LTD

Date: 24.04.2020

REPAIR ESTIMATE

Time: 17:07:53

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 : 305395915
REGN NO : SHD3290T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 21.07.2016
DATE/TIME IN : 24.04.2020 14:45
ACCIDENT DATE : 24.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE 1 1,106.00 20.00 884.80 X(R)
0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60 Xnn
0003 04-01-0103-1150-A I40VC PROTECTOR MAT 1 N 50.00 2.00- 50.00 Xnn

SUB-TOTAL : 952.40

JOB NATURE

0000 PB PANEL BEATING 300.00 \$280
0001 SP SPRAYPAINT CHARGE 500.00 \$400
0002 L REMOVE/REFIX REVERSE SENSOR 80.00 Xnn

SUB-TOTAL : 880.00

TOTAL : 1,832.40

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

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:

Ram (LKR)

27/04/2020 1445

panesurem@lkkauto.com

88622778

get repair photo

L/S

3 days

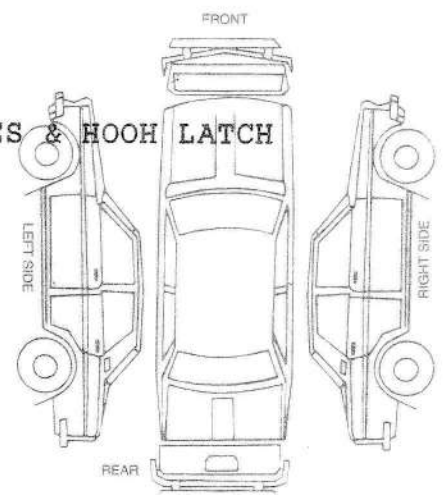
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 4006065 JC NO.: 305395915

| | | |
|-----------------------------------|--------------------------------|-------------------------------|
| OMER | REGN NO.: SHD3290T | MILEAGE |
| IS COMFORT TRANSPORTATION PTE LTD | MAKE : HYUNDAI | FUEL E.....1/2.....F |
| OMER NO. 7010045 | MODEL I-40 | DATE/TIME IN 24.04.2020 14:45 |
| RESS 383 SIN MING DRIVE | YR OF MANU. 21.07.2016 | TARGET DATE |
| Singapore SINGAPORE 575717 | CHASSIS CODE KMHLB41UMGU091926 | COMPLETION DATE/TIME: |
| 65508755 (O) | | |
| (P) | | |
| (P) | | |
| DUNT CARD NO. | | |

Accident Date: 24.04.2020
NATURE: 3P 24.04.2020

JOB DESCRIPTION

| S/NO | LABOR CODE | DESCRIPTION |
|--------|------------|------------------------------------|
| 000040 | PB | PANEL BEATING |
| 000050 | SP | SPRAYPAINT CHARGE |
| 000060 | L | LUBRICATE LOCK HINGES & HOOD LATCH |



KED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

| | |
|---|-------------------------------|
| edgement Slip | Exit Pass |
| Vehicle No.: SHD3290T JU NTUC LKK | Vehicle No.: SHD3290T |
| Service Advisor _____ | Name of Service Advisor _____ |
| Signature/Date _____ | Date _____ |
| turned 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 | 24/04/2020 16:23 |
| Date Of Accident | 24/04/2020 08:10 |
| Exact Location Of Accident | ALONG SIMEI ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHD3290T |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|--------------------------------|
| 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 | GOH AH SENG |
| NRIC No | SXXXX006B |
| Date Of Birth | 02/11/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/05/2011 |
| Driving Experience | 8 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92395182 |
| Fax Number | |
| Contact Number | |
| EEmail Address | JOGO773@HOTMAIL.COM |

| | |
|---|---------------------------------------|
| Address | BLK 773 WOODLANDS DRIVE 60 #10-194 |
| Postcode | 730773 |
| 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 TO REAR |
| 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? | YES |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | UBI AVE 3 |
| Police Station Address | ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

VREFER POLICE REPORT NO T/20200424/7008:

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | - |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | FBP6526C |
| Vehicle Make/Model/Colour | MOTORCYCLE |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | MUHAMMAD ABU QUTHAM BIN KAMARUDIN |
| NRIC/Passport Number | |
| Contact Number | 92348676 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GOH AH SENG

Approximate Age

Injuries Sustain CHEST

Injured person in which vehicle? SHD3290T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

IMPORTANT NOTICE

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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:

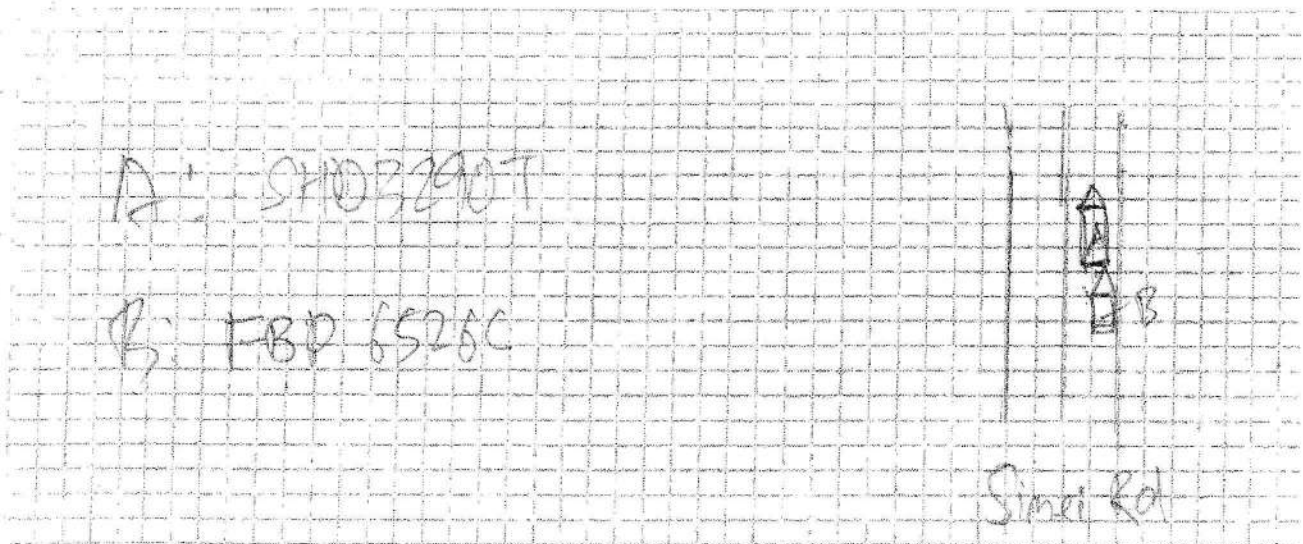
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached Police report : T/20200424/7008

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20200424/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200424/7008

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 24/04/2020 14:13 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: GOH AH SENG | | | Address: APT BLK 773 WOODLANDS DRIVE 60 #10-194 SINGAPORE 730773 | | |
| ID Type / ID No.: NRIC NO / S1591006B | | | Contact No.: Home/Office: | | Mobile: 92395182 |
| Nationality: SINGAPORE CITIZEN | | | Email: JOGO773@HOTMAIL.COM | | |
| Sex: Male | Age: 56 | Date of Birth: 02/11/1963 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: | | Date of Expiry: |

| | | | | |
|--|------------------|-----------------------|---|--|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 24/04/2020 08:10 | Type of Location: Straight Road |
| Location: SIMEI ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|------|-------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBP6526C | Motorcycle | | | | | 0 |
| SHD3290T | Car | | | | | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20200424/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200424/7008

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------------------|--|-----------------------------------|
| Driver | | | |
| Name | MUHAMMAD ABU QUTHAM BIN KAMARUDIN | ID No. | S9612540B |
| Related Vehicle | FBP6526C (Motorcycle) | Contact No. | 92348676 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | GOH AH SENG | ID No. | S1591006B |
| Related Vehicle | SHD3290T (Car) | Contact No. | 92395182 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 24/04/2020 | Date Discharge | 24/04/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

I was driving at Simei Rd lane 1 at normal speed at 50km/h when suddenly I heard the impact from the rear motorcycle (FBP6526) travel very fast at lane 1 at 100km/hr hit behind at my Taxi rear boot (SHD3290T).

I have attached videos and pictures of the accident at this link below.
<https://1drv.ms/u/s!AssJtsqwWeu4ghRxOU3eHVX9VdTE?e=06ZMeN>



**SINGAPORE
POLICE FORCE**



T/20200424/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200424/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
24/04/2020 14:13

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

Vehicle Details

Vehicle No.:

SHD3290T

Vehicle to be Exported:

No

Intended Deregistration Date:

27 Apr 2020

Vehicle Make:

HYUNDAI

Vehicle Model:

I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Primary Colour:

Blue

Manufacturing Year:

2016

Engine No.:

D4FDGU674640

Chassis No.:

KMHLB41UMGU091926

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$18,823.00

Original Registration Date:

21 Jul 2016

First Registration Date:

21 Jul 2016

Transfer Count:

0

Actual ARF Paid:

\$18,823.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

20 Jul 2024

PARF Rebate Amount:

\$14,117.00

Intended COE Rebate Details

COE Expiry Date:

20 Jul 2024

COE Category:

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

COE Period(Years):

8

PQP Paid:

\$39,616.00

COE Rebate Amount:

\$20,940.00

Total Rebate Amount:

\$35,057.00

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 27 Apr 2020

OK