

(08/11/13) wef

ASS. REC. BY: Pant

REF:

CU4/AK21005448/KR3

8394

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHA 8241Tat Workshop m/s: Comfort Delhroof 59, Lymmh DRInsured: Am

Policy No. _____

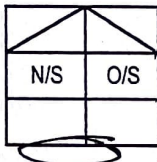
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

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

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHA 8241T Yr Regn: 2015 / NOV

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

Truck / Trailer or

Make: Hyundai I40 1.7 CDD c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 865932 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMH4079892Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

WESTLAK

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 02/05/21 D.O.I. 04/05/21Survey held at Comfort LymmhDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA8241T

DOA: 02.05.2021

Date: 03/05/2021

Make : HYUNDAI

Insurance: AIG

Model : I-40

MVA: MS. LOKE YY

| Qty | Parts Description / Labour | Type | Unit Price | Amount |
|-----------------------------|--|------|------------|------------|
| 1 | REAR BUMPER COVER <i>de-</i> | | | \$1,106.00 |
| 1 | REAR BUMPER CLIPS <i>ne-</i> | | | \$22.00 |
| 1 | REAR BUMPER REINFORCEMENT ? | | | \$428.40 |
| 1 | RR BUMPER REINFORCEMENT BRACKET RH LH ? | | | \$321.20 |
| 1 | REAR BUMPER SPONGE ? | | | \$119.50 |
| 1 | REAR BUMPER UNDER COVER <i>see-</i> | | | \$228.00 |
| 1 | BOOTLID repair | | | \$2,174.90 |
| 2 | BOOTLID HINGE LH RH ? | | \$142.30 | \$284.60 |
| 1 | BOOTLID 'H' EMBLEM ne- | | | \$63.10 |
| 1 | BOOTLID CRDI PLATE <i>ne-</i> | | | \$52.40 |
| 1 | BOOTLID MOULDING repair | | | \$85.00 |
| 1 | BOOTLID I40 EMBLEM <i>ne-</i> | | | \$67.90 |
| SUB TOTAL | | | | \$4,953.00 |
| LESS 20% | | | | \$990.60 |
| DISCOUNTED TOTAL | | | | \$3,962.40 |
| 1 | BOOTLID CITYCAB LOGO & TEL NO STICKER <i>ne-</i> | | | \$60.00 |
| 1 | REAR BUMPER ADVERTISEMENT LOGO <i>ne-</i> | | | \$50.00 |
| 1 | REAR BUMPER REVERSE SENSOR ? | | | \$135.70 |
| 1 | REAR BUMPER MAT <i>ne-</i> | | | \$50.00 |
| Labour Charge | | | | |
| PANEL BEATING | | | | |
| SPRAY PAINTING CHARGE | | | | |
| REMOVE/REFIX REVERSE SENSOR | | | | |
| TOTAL LABOUR | | | | \$1,460.00 |
| ESTIMATE TOTAL | | | | \$5,472.40 |

Rasul

Hp 90010068

4 days

L/S

04/05/21

@1500

Resurvey after repair

560 \$800.00

500 \$600.00

40 \$60.00

\$1,460.00

\$5,472.40

Nett

Nett

Nett

Nett

Nett

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.

- 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:



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 | 04/05/2021 09:23 (SGT) |
| Date of Accident | 02/05/2021 13:40 (SGT) |
| Exact Location of Accident | Ang Mo Kio Ave 3, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA8241T |
|-----------------------------|----------|

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) +65-81212237 |
| Alternative Phone No | (Office) +65-66508768 |

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 |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | Yes |
| Policy Number | VFX/P2419140 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | SEET NGIAN ENG |
| NRIC No | SXXXX933E |

| | |
|--|--------------------------------------|
| Date Of Birth | 18/08/1959 |
| Occupation | Outdoor |
| Date Of Driving Pass | 09/10/1980 |
| Driving experience | 40 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81212237 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | APT BLK 99 ALJUNIED CRESCENT #07-381 |
| Address complement | - |
| Postcode | 380099 |
| 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 - Head to Rear |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material 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 |

PASSENGER 1

| | |
|--------|------------------|
| Name | FEMALE PASSENGER |
| 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 02.05.2021 AT ABOUT 1340HRS, I WAS DRIVING MY VEHICLE A SHA8241T ALONG ANG MO KIO AVENUE 3 TURNING LEFT ONTO CTE/SLE. AT SLIP ROAD. I STOP AT THE ZEBRA CROSSING FOR PEDESTRIAN. VEHICLE B SLJ1978C THEN REAR ENDED MY VEHICLE A(STATIONARY).MY FEMALE PASSENGER SUFFERED A HEADACHE AFTER THE IMPACT AND SHE WILL CONSULT A DOCTOR.

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 |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLJ1978C |
| Vehicle Manufacturer | Mazda |

| | |
|---|----------------------|
| Vehicle Model | 3 |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | CHEW AIK WEE DEREK |
| NRIC No | SXXXX804H |
| Contact Number | (Phone) +65-97229445 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------------------|
| Name of injured person | FEMALE PASSENGER |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | FEMALE PASSENGER HEADACHE |
| Injured person in which vehicle? | - |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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:

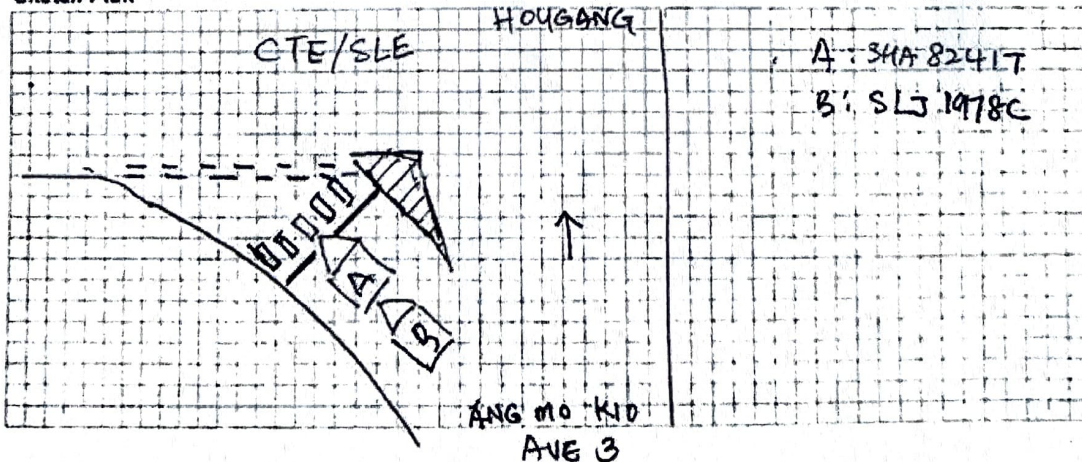
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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 02.05.2021 AT ABOUT 1340 HRS I WAS DRIVING
MY VEH A SHA 8241T ALONG ANG MO KIO AVE 3 TURNING
LEFT ONTO CTE/SLE. AT THE SLP ROAD, I STOP AT
THE ZEBRA CROSSING FOR PEDESTRIANS. VEH B SLJ 1978C
THEN REAR ENDED MY VEH A (STATIONARY).
MY FEMALE PASSENGER SUFFERED A HEADACHE AFTER THE
IMPACT AND SHE WILL CONSULT A DOCTOR.

Declaration

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 03.05.2021 1120 HRS

Witnessed by Reporting Centre
Personnel

Ngan Yung

CS Scanned with CamScanner

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------|--------------------------------------|
| Owner ID Type: | Company |
| Owner ID: | 839G |
| Vehicle No.: | SH48241T |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 05 May 2021 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | I40 1.7 CRDI F/L AT ABS AIRBAG 4DR |
| Primary Colour: | Yellow |
| Manufacturing Year: | 2015 |
| Engine No.: | D4FDFU539130 |
| Chassis No.: | KMHL641UMGU079892 |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Open Market Value: | \$20,603.00 |
| Original Registration Date: | 12 Nov 2015 |
| First Registration Date: | 12 Nov 2015 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$20,845.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 11 Nov 2023 |
| PARF Rebate Amount: | \$14,591.00 |
| COE Expiry Date: | 11 Nov 2023 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$45,267.00 |
| COE Rebate Amount: | \$14,240.00 |
| Total Rebate Amount: | \$28,831.00 |

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 05 May 2021

OK