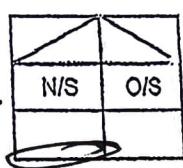


ASS. REC. BY: Form REF: CS/CTI 21005976/Ritz 8396

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: SHB 2233B  
at Workshop m/s DINH ANU  
of 31, CORPORATION RD  
Insured: CTI  
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 Report: \_\_\_\_\_ 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: SHB 2233B Yr Regn: 2017/201  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Hyundai 140 1.7 CRDi c.c. 1685  
Colour: Yellow A/C: Insured / Std / NI / NA  
Sp. Reading: 528570 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: KMHLB41umhi09962  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
Brake: Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
Mod: Nil / SRim / STD A/Rim or \_\_\_\_\_  
Tyre Size: F: 205/60R16  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Pirella  
Front \_\_\_\_\_ Rear \_\_\_\_\_  
R/Bal. 6 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. 17/05/21 D.O.I. 19/05/21  
Survey held at DINH ANU  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Rear N/S  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	finalized at lump sum \$1450, 3days red: 2224.60; 60%

Date/Time, File Pass to? ☐ : Prell. Report  
☐ : Final Report

Days Of Repair: 3  
Resurvey No. of Trip: \_\_\_\_\_

1) \_\_\_\_\_  
Date/Time, File Return to?

Rep. Format : \_\_\_\_\_  
Lump Sum / I.B.F. (\$) 1450

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

Survey Fee:	
Transportation:	
\$ + RS. SI	
Photos	
Others	
TOTAL	



TO :

FAX NO:

**ESTIMATE REPORT** 1ST Quotation

19/05/2021 11:37

JOB-NO: 50113386

**OWNER'S PARTICULARS**NAME: CityCab PTE LTD (Fleet)  
ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0CONTACT: 65533880  
64739522

Page 1 of 2

**VEHICLE DETAILS**LICENSE NO: SHB2233B TRANS: AUTO  
MAKE / MODEL: HYUNDAI / i40  
OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD  
JOB-CODE: TP SA: Ding Auto User 2CHASSIS: KMHLB41UMHU099962  
ENGINE: D4FDHU730224**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<b>LABOUR</b>							
1 TO STRAIGHTEN AND PANEL BEAT OF ACCIDENT AREA	1.00	600.00	0.00	<del>600.00</del>		Y	<u>200</u>
2 TO REMOVE AND REFIT NECESSARY ITEMS TO FACILITATE REPAIR	1.00	250.00	0.00	<del>250.00</del>		Y	<u>X</u>
3 TO CHECK WIRING AND LIGHTING SYSTEM	1.00	200.00	0.00	<del>200.00</del>		Y	<u>X</u>
4 TO REFIT REAR REVERSE SENSOR	1.00	150.00	0.00	<del>150.00</del>		Y	<u>60</u>
5 TO RESPRAY REAR BUMPER	1.00	250.00	0.00	<del>250.00</del>		Y	<u>200</u>
6 TO RESPRAY REAR BUMPER LOWER	1.00	250.00	0.00	<del>250.00</del>		Y	<u>100</u>
TOTAL:		1,700.00	0.00	1,700.00			
<b>MATERIALS</b>							
1 REAR BUMPER COVER <i>at</i>	1.00	699.57	139.91	559.66	L	Y	
2 REAR BUMPER LOWER <i>at</i>	1.00	388.95	77.79	311.16	L	Y	
3 REAR BUMPER ENERGY ABSORBER <i>2m</i>	1.00	139.62	27.92	111.70	L	Y	
4 REAR BUMPER REINFORCEMENT <i>2.5</i>	1.00	508.85	101.77	407.08	L	Y	
5 REAR BUMPER CLIP SET <i>m</i>	1.00	80.00	0.00	<del>80.00</del>	S	Y	<u>40</u>
6 REAR BUMPER LOWER CLIP SET <i>m</i>	1.00	75.00	0.00	<del>75.00</del>	S	Y	<u>30</u>
7 REAR BUMPER ADVERTISEMENT STICKER <i>m</i>	1.00	250.00	0.00	<del>250.00</del>	S	Y	<u>150</u>
8 REAR BUMPER PROTECTOR <i>m</i>	1.00	180.00	0.00	<del>180.00</del>	S	Y	<u>50</u>
TOTAL:		2,321.99	347.39	1,974.60			
TOTAL PARTS & LABOUR :		4,021.99	347.39	3,674.60			

EXCESS/LOADING:\$ 0.00

No. Of Day:

3 daysRE-SURVEY: BEFORE AFTER PAINTINGPART-BY-PART OF LUMP SUM \$DATE OF SURVEY: 19 / 05 / 21 @ 1140

SURVEYED BY:

Rafael

CONTACT NO:

90010068

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

**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:



**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
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STA AUTOCENTRE

TEL:

FAX:



# 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 ..... 18/05/2021 11:17 (SGT)  
Date of Accident ..... 17/05/2021 15:25 (SGT)  
Exact Location of Accident ..... Rivervale Dr, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHB2233B

### 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) +65-98173369  
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  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2419140  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHAN KIM SENG  
NRIC No ..... SXXXX549E



Date Of Birth .....	30/05/1956
Occupation .....	Outdoor
Date Of Driving Pass .....	23/05/1977
Driving experience .....	44 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-98173369
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 154 RIVERVALE CRESCENT #07-132
Address complement .....	-
Postcode .....	540154
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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 17/05/2021 AT ABOUT 1525HRS , I WAS DRIVING VEHICLE A SHB2233B ALONG RIVER VALE DRIVE. AS I WAS TRAVELLING WITHIN MY LANE (RIGHT LANE), VEHICLE IN FRONT OF ME SLOW DOWN AND STOPPED. I STOPPED MY VEHICLE, SUDDENLY VEHICLE B SLU823P FROM BEHIND HIT ONTO MY VEHICLE REAR. UNABLE TO EXCHANGE PARTICULARS. MY BACK PAIN DUE TO THE IMPACT.

#### 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 .....	SLU823P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-

Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	CHAN KIM SENG
Address .....	BLK 154 RIVERVALE CRESCENT #07-132
Address Complement .....	-
Post Code .....	540154
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK PAIN
Injured person in which vehicle? .....	SHB2233B
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.
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.

Policyholder's Signature / Date & Time

Sketch Plan

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

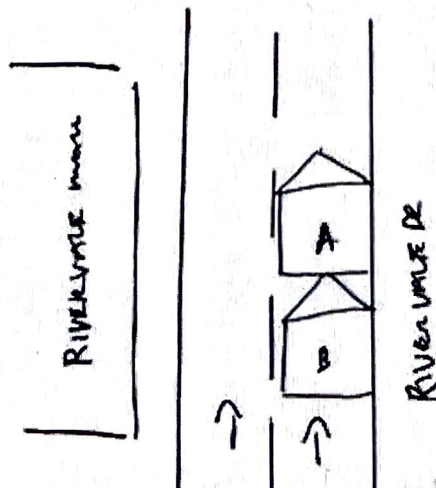
17/05/21 / 17:45 hrs

Witnessed by Reporting Centre Personnel

Benny

A SL4B2233B

B SL4823P





Describe Circumstances of the Accident

ON 17/05/11 AT ABOUT 1525 HRS, I WAS DRIVING VEHICLE A  
SHB 2233R ALONG RIVERVALE DR - AS I WAS TOWNALEND,  
WITHIN MY LANE (RIGHT LANE), VEHICLES IN FRONT OF MY  
VEHICLE SLOW DOWN AND STOPPED. I STOPPED MY VEHICLE, BLOCKED  
VEHICLE B SHU 822P FROM BEHIND FROM DRIVING MY VEHICLE REAR.  
UNABLE TO EXCHANGE PARTICULARS. ONLY BACK PAIN DUE TO THE IMPACT.

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

Witnessed by Reporting Centre  
Personnel

17/05/11 / 1725 HRS

Benny



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	839G
Vehicle No.:	SHB2233B
Vehicle to be Exported:	No
Intended Deregistration Date:	20 May 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	D4FDHU730224
Chassis No.:	KMHLB41UMHU099962
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,989.00
Original Registration Date:	15 Dec 2017
First Registration Date:	15 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$18,989.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Dec 2025
PARF Rebate Amount:	\$14,241.00
COE Expiry Date:	14 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$19,493.00
Total Rebate Amount:	\$33,734.00

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 20 May 2021

OK