(09/11/13) wef REF: NS/INC2	1007217/R1tc 8216
ASS. REC. BY:	•
	Veh No: SHO4523R Yr Regn: 2016 / MAY Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax7 / Prime Mover / Truck / Trailer or Make: HYUMAN 140 [-7 CROL c.c 685 Colour BULE AC: Insured / Std / NI / NA Sp.Reading 5(7036 T/Radio: Insured / Std / NI / NA Eng/No: C/No: KMHLBY LUMA UO 8985 U Gen. Cond: Good / [ab] / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: NIT / S/Rim / STD A/Rim or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: GIA / PR Seen: Consistent?: Yes or No Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN/C	Tyre Size: F: 205 bull 6 R: 2- BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or WESTLAKE Front R/Bal. mm R/Bal. mm L/Bal. mm D.O.A. 24 bl. 21 Survey held at Confert Loy mk. Des. of Damages: Frt / Rear OIS / NIS / U/C / Rooftop or
Pinalised amount of \$ 1,350 / 2 RED: 1317.81 ; 49%	days of lump sum repair is confirmed
Preli. Report: The Pass to? The Pass to? The Preli. Report: Th	Days Of Repair: 2 Resurvey No. of Trip: Survey Fee: Transportation: Stree: Site Insp (\$)S + RSSI Interview (\$) Photos Trech. Invs (\$) Weekend (\$)

COMFORTDELGRO ENGINEERING PTE LID

REPAIR ESTIMATE*

VEHICLE NO

Shd4523r

Panel Beating

Tuff Kote

Spray Painting Charge

Check Lighting & Wiring

Remove/refix reverse sensor

24/06/21

MAKE

IVIARE	•			
MODEL	HYU- 140	Туре	CHIANG/ N	TUC
Qty	Parts Description/ Labour		Unit Price	Amount
1 10 (0.447)	1 REAR BUMPER COVER CUL		1-1	\$1,106.00
	2 REAR BUMPER BRACKET SIDE LH/RH X	1	\$35.60	\$71.20
	1 REAR BUMPER REINFORCEMENT?			\$428.40
	10 REAR BUMPER CLIPS /		\$2.20	\$22.00
	2 REAR BUMPER REFLECTOR LH/RH X	1	\$32.00	\$64.00
	1 REAR BUMPER UNDER COVER \$44			\$228.00
	SUB TOTAL	d l		\$1,919.60
	20.00%			\$383.92
	DISCOUNTED TOTA	-1		\$1,535.68
				Туре
	1 REAR REVERSE SENSOR	10.00%		\$135.70
	1 REAR BUMPER MAT			\$50.00
	1REAR BUIMPER MAT		<u>;</u>	\$172.1
				A Tabiday of Bis.
	Labour Charge			00 0000

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.

TOTAL LABOUR

ESTIMATE TOTAL

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:

Pasm 4p 900 wo 68 2 days 4/3 28/06/21 @1650 Ross after report

\$300.00

40 \$60.00

× \$60.00

× \$60.00

\$960.00

\$2,667.81



ComfortDelGro Engineering Pte Ltd

KMHLB41UMGU089850

205 Braddell Road Singapore 579701

Mainline + 65.6383 6280 Facsmile + 65 6280 9755

Workshops 205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717

Date/Time: 26.06.2021 10:14

Page: 1

JOB CARD ARC Repair TP(CLSO)1 Team: Sales Order: JC NO.: 305475474 OMER MILEAGE **REGN NO.:** SHD4523R COMFORT TRANSPORTATION PTE LTD FUEL MAKE: 7010045 OMER NO. HYUNDAI 383 SIN MING DRIVE ESS DATE/TIME IN MODEL 25.06.2021 08:25 Singapore SINGAPORE 575717 I-40 65508755 (R) TARGET DATE (O) YR OF MANU. 18.05.2016 COMPLETION DATE/TIME: CHASSIS CODE

(P) DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 24.06.2021

NATURE: 3P 24.06.2021

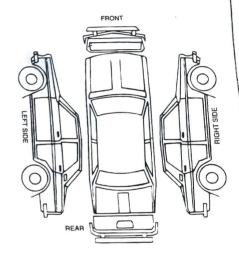
S/NO

Service Advisor

turned to Service Reception upon collection

LABOR CODE

DESCRIPTION



Date

KED & PASSED OUT BY:				
SERVICE ADVISOR			CUSTOMER'S SIGNATURE	
SERVICE ADVISOR edgement Slip	,	Exit Pass	CUSTOMER'S SIGNATURE	

Name of Service Advisor

To be kept by Security Guard

Signature/Date

. 04216P000K /_rJF Knights Pte Ltd NTRY DATE & TIME: 25/06/2021 18:18 (SGT) ∪BMITTED BY: Suriå VERSION: 1 (25/06/2021 18:18 (SGT))

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 1. Please report software into actions of the accurate 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 witholding of material facts may allow insurance companies to repudiate onlicy 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 25/06/2021 18:18 (SGT) Date of Accident 24/06/2021 19:10 (SGT) Exact Location of Accident KPE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD4523R

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) +65-94553278 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hvundai Model 140 Variant Exact purpose for which vehicle was being used at time of Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? 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/P2419138 **Cover Note Number**

DRIVER

Name of Driver NRIC No

LEK CHOON YANG SXXXX585A

16/03/1971 pation Outdoor Of Driving Pass 15/08/1991 ing experience 29 YEARS AND 10 MONTHS nder obile Number (Phone) +65-94553278 Alt. Phone Number **Email Address** fleetsafety@cdqtaxi.com.sq Address BLK 211 ANG MO KIO AVENUE 3 #05-1418 Address complement Postcode 560211 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured RELIEF DRIVER Does Driver Own Other Vehicles? 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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 PASSENGER 1 Name UNKNOWN Gender Male 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 240621 AT AROUND 1910HRS, I WAS DRIVING MY VEHICLE A SHD4523R ALONG KPE TOWARDS TPE ON THE FIRST LANE. THE CAR IN FRONT OF ME, VEHICLE B, STOPPED HIS VEHICLE NORMALLY. I TOO STOPPED MY VEHICLE BUT SUDDENLY VEHICLE B SMG5142A REAR ENDED MY VEHICLE WHICH PUSHED MY VEHICLE TO HIT VEHICLE C. THERE WAS SOME DAMAGES TO THE BACK OF MY VEHICLE BUT NO DAMAGE TO THE FRONT. THERE WAS NO INJURIES. 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 No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMG5142A

Vehicle Manufacturer

Model	
Le Variant	
Acle Colour	
Colle Category	•
Ame of Driver	Private car
contact Number	-
Address	(Phone) +65-92717192
Address complement	······································
Postcode	-
Insurance Company Name	-
Nature Of Damage	•
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	······································
5 (

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	T. Orași C.	UNKNOWN
Vehicle Manufacturer		-
Vehicle Model		
V 1:1 6 1	ia ia	
Name of Driver		
Contact Number		
Address		
Address complement		
Postcode		
Insurance Company Name		
Details of property damaged in accide		
No. Of Passenger (Including Driver)		
vo. Or rassenger (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 Formby insurance companies is not an admission of policy liability on the part of the insurance
- 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 w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 24 6/21 2120

Witnessed by Reporting Centre Personnel KHATRUL

Sketch Plan RED: 1317.8;49% 長 百 ON 240621 AT AROUND 1910HRS, I WAS DRIVING MY VEHICLE A SHD4523R ALONG KPE TOWARDS TPE ON THE FIRST LANE. THE CAR IN FRONT OF ME, VEHICLE B, STOPPED HIS VEHICLE NORMALLY. I TOO STOPPED MY VEHICLE BUT SUDDENLY VEHICLE B SMG5142A REAR ENDED MY VEHICLE WHICH PUSHED MY VEHICLE TO HIT VEHICLE C. THERE WAS SOME DAMAGES TO THE BACK OF MY VEHICLE BUT NO DAMAGE TO THE FRONT. THERE WAS NO INJURIES.

RED: 1317.81;499%

Declaration

I/We declare the foregoing particulars are true in every respect.

P

Witnessed by Reporting Centre
Personnel KHRI KUL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	821R
Vehicle No.:	SHD4523R
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Jun 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	140 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDGU625126
Chassis No.:	KMHLB41UMGU089850
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,070.00
Original Registration Date:	19 May 2016
First Registration Date:	19 May 2016
Transfer Count:	0
Actual ARF Paid:	\$20,098.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 May 2024
PARF Rebate Amounts: 1317 81:49%	\$14,068.00
COE Explry Date:	18 May 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,463.00
COE Rebate Amount:	\$13,147.00
Total Rebate Amount:	\$27,215,00

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 29 Jun 2021