

(09/11/13) wef  
ASS. REC. BY: John

REF: NS/INC21007217/R1tc

821R

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. MT/1135799-002

Sum Insured: \_\_\_\_\_

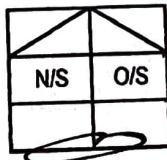
Excess: \_\_\_\_\_

(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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SH04523R Yr Regn: 2016 / MA4  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: HYUNDAI 1401-7 CRDI c.c. 1685

Colour: BLUE AC: Insured / Std / NI / NA

Sp. Reading: 567036 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLB41UNH4089850

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NT / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: 1 -

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

TOYO / YOKO or WESTLAK

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 24/06/21

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 28/06/21

Comfort Lodge

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

Date / Time Action / Instruction

Finalised amount of \$ 1,350 / 2 days of lump sum repair is confirmed

RED: 1317.81 ; 49%

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) S + RS, SI

☐ : Interview (\$ \_\_\_\_\_) Photos

☐ : Tech. Invs (\$ \_\_\_\_\_) Others

☐ : Weekend (\$ \_\_\_\_\_)

TOTAL

Report Format : \_\_\_\_\_

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

## REPAIR ESTIMATE\*

VEHICLE NO Shd4523r

24/06/21

MAKE :

MODEL HYU- I40

Type

CHIANG/ NTUC

Qty	Parts Description/ Labour		Unit Price	Amount
1	REAR BUMPER COVER <i>cut</i>			\$1,106.00
2	REAR BUMPER BRACKET SIDE LH/RH <i>X</i>		\$35.60	\$71.20
1	REAR BUMPER REINFORCEMENT <i>?</i>			\$428.40
10	REAR BUMPER CLIPS <i>new</i>		\$2.20	\$22.00
2	REAR BUMPER REFLECTOR LH/RH <i>X</i>		\$32.00	\$64.00
1	REAR BUMPER UNDER COVER <i>scd</i>			\$228.00
SUB TOTAL				\$1,919.60
20.00%				\$383.92
DISCOUNTED TOTAL				\$1,535.68
				Type text here
1	REAR REVERSE SENSOR <i>X</i>	10.00%		\$135.70
1	REAR BUMPER MAT <i>new</i>			\$50.00
				\$172.13
Labour Charge				280 <del>\$480.00</del>
Panel Beating				250 <del>\$300.00</del>
Spray Painting Charge				40 <del>\$60.00</del>
Remove/refix reverse sensor				<i>X</i> \$60.00
Tuff Kote				<i>X</i> \$60.00
Check Lighting & Wiring				\$960.00
TOTAL LABOUR				
ESTIMATE TOTAL				\$2,667.81

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.

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:

*Zasur*  
Hp 90010068

2 days

4/3

28/06/21 @1650

Reg after repair



Date/Time: 26.06.2021 10:14

Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD**

Sales Order:

JC NO.: 305475474

OMER

S COMFORT TRANSPORTATION PTE LTD  
OMER NO. 7010045  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

JUNT CARD NO.

REGN NO.: SHD4523R	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 25.06.2021 08:25
YR OF MANU. 18.05.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU089850	COMPLETION DATE/TIME:

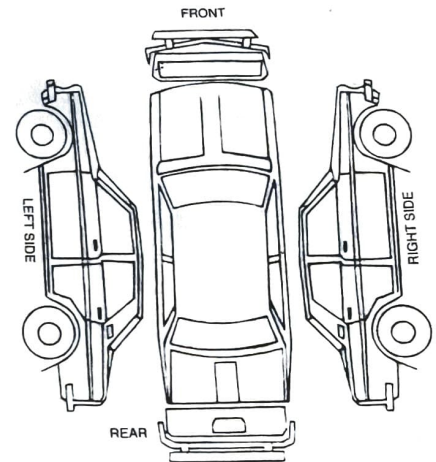
JOB DESCRIPTION

Accident Date: 24.06.2021  
NATURE: 3P 24.06.2021

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.:

SHD4523R

CHIANG

Vehicle No.:

SHD4523R

Service Advisor

Signature/Date

Name of Service Advisor

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 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
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## 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	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/P2419138
Cover Note Number	-

## DRIVER

Name of Driver	LEK CHOON YANG
NRIC No	SXXXX585A



Date of Birth	16/03/1971
Occupation	Outdoor
Date of Driving Pass	15/08/1991
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94553278
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
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?	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	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	3
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
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG5142A
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name 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)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-



## 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 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.
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#### 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.

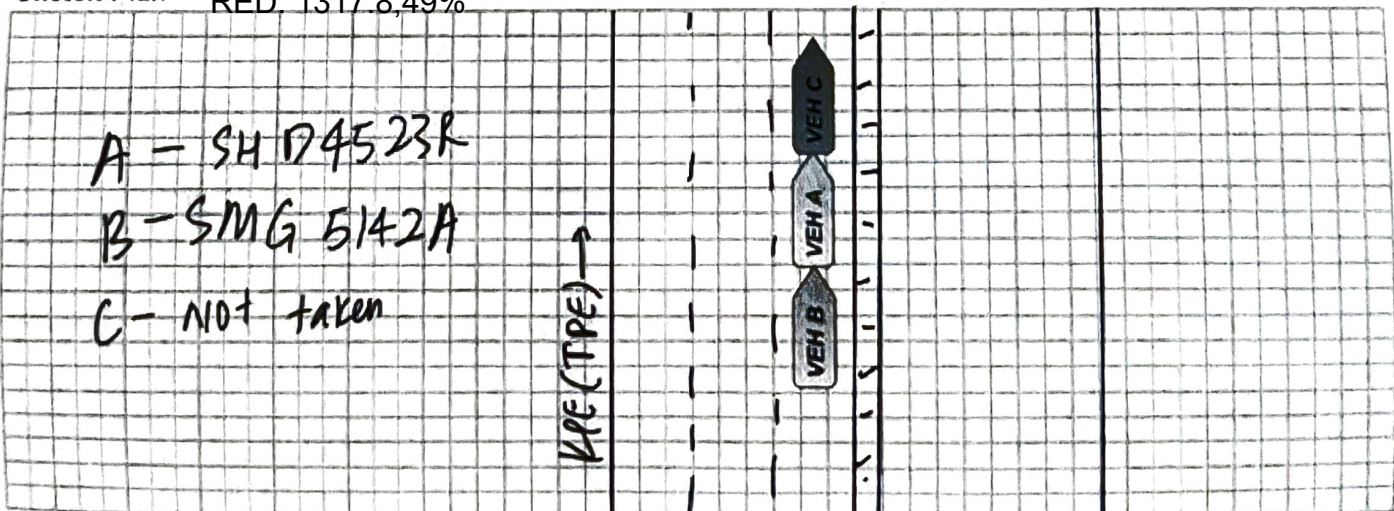
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

RED: 1317.8;49%



Describe Circumstances of the Accident

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RED: 1317.81;409%

Declaration

I/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 29/6/21 2120

Witnessed by Reporting Centre Personnel KHAIKUA



> 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:	I40 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 Amount:	\$14,068.00
PED: 1317.81:49%	
COE Expiry 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

OK