

08/11/13 wef

ASS. REC. BY: John

REF:

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: NTWC

Policy No. _____

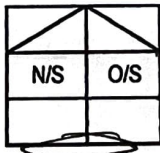
Claims No. _____

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: SHD 3372R Yr Regn: 2016 / Aug

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

Truck / Trailer or _____

Make: HYUNDAI 1.40 1.7 CRDI c.c. 1685Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 920631 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM4LB41UMH U093302Gen. Cond: Good / Fair / Poor / BurntSteering: Knock / Jammed / Leaked / Burnt orBrake: Knock / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 2

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

TOYO / YOKO or WESTLAKFront 6 mm Rear 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 27/06/21 D.O.I. 29/06/21Survey held at COMFORT WAYDes. 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?

☐: Prel. Report

Days Of Repair: _____

1)

☐: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Add Fee: ☐: Site Insp (\$ _____) ☐: S + RS, SI☐: Interview (\$ _____) Photos☐: Tech. Invs (\$ _____) Others☐: Weekend (\$ _____)

Report Format : _____

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

OMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHD3372R
MAKE HYUNDAI
MODEL I40

DATE: 28. June 2021
Jumani
DOA: 27. Jun. 2021

LKR(US)
NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	BOOTLID COVER <i>bt</i>			\$2,609.80
1	BOOTLID LAMP LH <i>?</i>			\$622.20
1	TAILLAMP ASSY LH <i>?</i>			\$697.80
10	BOOTLID EMBLEM - I40 <i>ne</i>			\$67.90
1	BOOTLID EMBLEM - H <i>ne</i>			\$63.10
1	BOOTLID EMBLEM - CRD <i>ne</i>			\$52.40
1	BOOTLID MOULDING <i>scr</i>			\$85.00
1	BOOTLID LOWER GARNISH <i>repair</i>			\$227.90
1	REAR BUMPER ASSY <i>de</i>			\$1,106.00
1	REAR BUMPER CLIP <i>ne</i>			\$22.00
1	REAR BUMPER SPONGE <i>cr</i>			\$119.50
1	REAR BUMPER BEAM <i>cr</i>			\$428.40
1	REAR BUMPER BRACKET LH <i>bt</i>			\$160.60
1	REAR BUMPER BRACKET RH <i>X</i>			\$160.60
1	REAR BUMPER LOWER COVER <i>scr</i>			\$228.00
1	REAR END PANEL <i>bt</i>			\$526.70
1	REAR END PANEL GARNISH <i>?</i>			\$57.70
1	REAR REFLECTOR LH <i>cr</i>			\$32.00
1	REAR REFLECTOR RH <i>?</i>			\$32.00
1	REAR EXHAUST PIPE LH <i>scr</i>			\$1,935.40
1	REAR EXHAUST PIPE CENTRE <i>?</i>			\$730.10
1	REAR BUMPER SIDE BRACKET LH <i>ne</i>			\$35.60

SUB TOTAL

LESS 20%

DISCOUNTED TOTAL

WINDSCREEN SEALANT

REVERSE SENSOR *ne*

REAR BUMPER MAT *X*

ADVERTISEMENT LOGO - BUMPER *ne*

ADVERTISEMENT LOGO - BOOTLID *ne*

ADVERTISEMENT LOGO - FENDER *ne*

Labour Charge

PANEL BEATING

SPRAY PAINT

REMOVE/REFIX REVERSE SENSOR

CHECK WIRING

TUFF KOTE

\$10,000.70

\$2,000.14

\$8,000.56

\$135.70 Nett

\$50.00 Nett

\$50.00 Nett

\$100.00 Nett

\$200.00 Nett

\$535.70

840 \$900.00

750 \$800.00

640 \$800.00

30 \$50.00

\$50.00

REMOVE / REFIX EXHAUST PIPE ? photo			88 \$120.00
	TOTAL LABOUR		\$2,000.00
	ESTIMATE TOTAL		\$10,536.26
<p>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.</p>			

788
 Hp 90010068
 6 days
 4/5
 29/06/21 @ 1615
 Resurvey after repair

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:

000.00
536.26

Date/Time: 29.06.2021 09:34 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4093700 JC NO.: 305475848

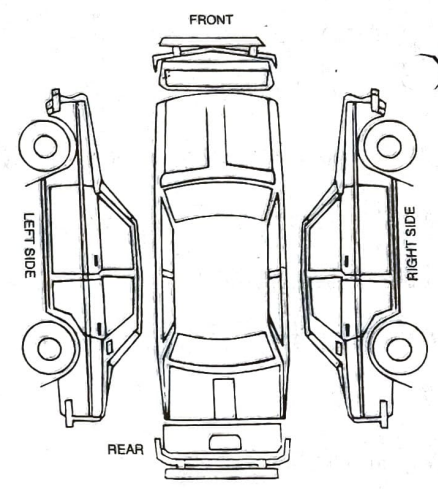
COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)
COUNT CARD NO.

REGN NO.: SHD3372R	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 28.06.2021 09:10
YR OF MANU. 18.08.2016	TARGET DATE
CHASSIS CODE KMHLE41UMGU093302	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.06.2021
NATURE: 3P 27.06.2021

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Settlement Slip

Exit Pass

No.: SHD3372R JU NTUC LKK

Vehicle No.: SHD3372R

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned 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	28/06/2021 19:14 (SGT)
Date of Accident	27/06/2021 12:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	ALONG CTE TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3372R
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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) +65-96381239
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	TAY HOCK HUA
NRIC No	SXXXX137C

Of Birth	23/03/1957
Occupation	Outdoor
Age Of Driving Pass	17/08/1979
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96381239
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 683A JURONG WEST CENTRAL 1
Address complement	#13-116
Postcode	SINGAPORE 641683
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
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 27/06/2021 AT AROUND 1230HRS, I WAS DRIVING MY VEHICLE A (SHD3372R) ALONG CTE TOWARDS AYE ON THE 4TH LANE EXITING TOWARDS PIE(CHANGI). THE VEHICLE IN FRONT OF ME STOPPED HENCE I TOO SLOWED DOWN AND STOPPED. SUDDENLY VEHICLE B (GBG6478E) REAR ENDED MY VEHICLE. THERE WAS DAMAGES TO THE BACK OF MY VEHICLE. THERE WAS NO INJURIES AT THE TIME OF ACCIDENT.

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
Is there any audio recorded?

FILE NOT SUITABLE
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG6478E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ROY RAJKUMAR SO A SUGUMARAN
NRIC No	SXXXX723J
Contact Number	(Phone) +65-91196823
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.
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 :

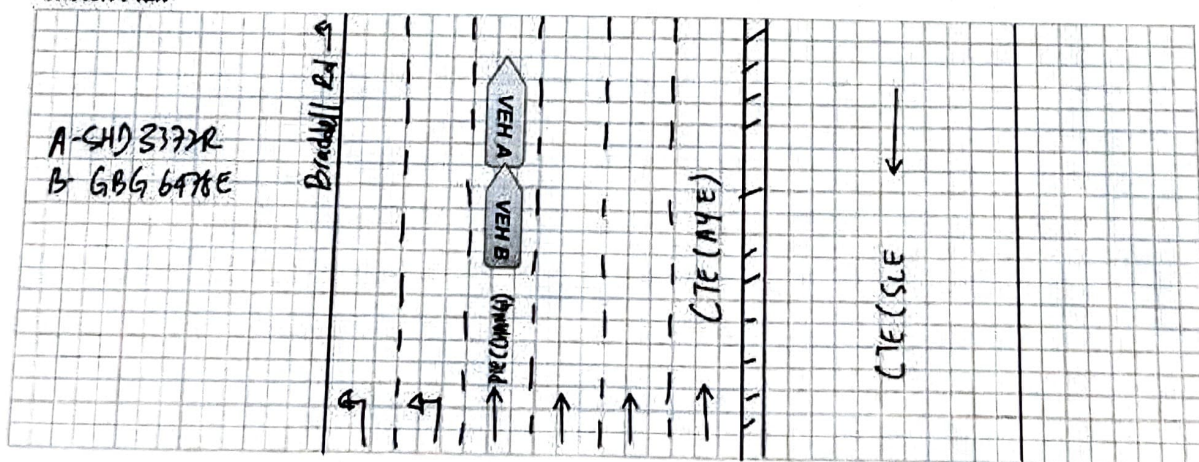
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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 270621 AT AROUND 1230HRS, I WAS DRIVING MY VEHICLE A SHD3372R ALONG CTE TOWARDS AYE ON THE 4TH LANE EXITING TOWARDS PIE(CHANGI). THE VEHICLE IN FRONT OF ME STOPPED HENCE I TOO SLOWED DOWN AND STOPPED. SUDDENLY VEHICLE B GBG6478E REAR ENDED MY VEHICLE. THERE WAS DAMAGES TO THE BACK OF MY VEHICLE. THERE WAS NO INJURIES AT THE TIME OF ACCIDENT.


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 28/6/21 1010



Witnessed by Reporting Centre
Personnel KHARUL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	B21R
Vehicle No.:	SHD3372R
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.:	D4FDFU561531
Chassis No.:	KMHLEB43UMGU093302
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,904.00
Original Registration Date:	18 Aug 2016
First Registration Date:	18 Aug 2016
Transfer Count:	0
Actual ARF Paid:	\$18,904.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Aug 2024
PARF Rebate Amount:	\$14,178.00
COE Expiry Date:	17 Aug 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,215.00
COE Rebate Amount:	\$16,148.00
Total Rebate Amount:	\$30,326.00

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