

(08/11/13) wef

ASS. REC. BY: Paul

REF:

8212

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: NTUL

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 8670X Yr Regn: 2016 / MAYType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HYUNDAI IYO 1.7 CRDI c.c. 1685Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 612053 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UM4U087929Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 12

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

TOYO / YOKO or

DURATHEN

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 23/06/21 D.O.I. 29/06/21Survey held at COMFORT BELARODes. 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: _____

Add Fee:

☐

: Site Insp (\$

) S + RS SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

Report Format :

Lump Sum / I.R.I. / \$

COMFORTDELGRO ENGINEERING PTE LID

REPAIR ESTIMATE*

VEHICLE NO SH8670X

23/06/21

MAKE :

MODEL HYU- I40

Type

CHIANG/ NTUC

Qty	Parts Description/ Labour	Unit Price	Amount
1	REAR BUMPER COVER <i>de</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
1	BOOTLID EMBLEM I-40 <i>on X</i>		\$67.90
1	BOOTLID EMBLEM CRDI <i>on X</i>		\$52.40
1	BOOTLID H EMBLEM <i>on X</i>		\$63.10
10	REAR BUMPER CLIPS <i>ne</i>	\$2.20	\$22.00
2	REAR BUMPER REFLECTOR LH/RH <i>X</i>	\$32.00	\$64.00
1	REAR BUMPER UNDER COVER <i>sc</i>		\$228.00
SUB TOTAL			\$2,103.00
20.00%			\$420.60
DISCOUNTED TOTAL			\$1,682.40
1	REAR REVERSE SENSOR <i>X</i>	10.00%	\$135.70
1	BOOTLID TEL NUMBER STICKER <i>ne</i>		\$30.00
1	BOOTLID COMFORTDELGRO STICKER <i>ne</i>		\$30.00
1	REAR BUMPER ADVERTISEMENT <i>ne</i>		\$50.00
1	REAR BUMPER MAT <i>sc</i>		\$50.00
			\$282.13
Labour Charge			280 \$560.00
Panel Beating			500 \$600.00
Spray Painting Charge			40 \$60.00
Remove/refix reverse sensor			X \$60.00
Tuff Kote			X \$60.00
Check Lighting & Wiring			\$1,340.00
TOTAL LABOUR			
ESTIMATE TOTAL			\$3,304.53

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

Rasul
Hp 90010068
3 days
4s
29/06/21 @ 1600hrs
Ready after repair

Date/Time: 29.06.2021 12:41

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4093778

JC NO.: 305475877

OWNER

REGN NO.:

SH 8670X

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

29.06.2021 10:30

YR OF MANU.

12.05.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU087929

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

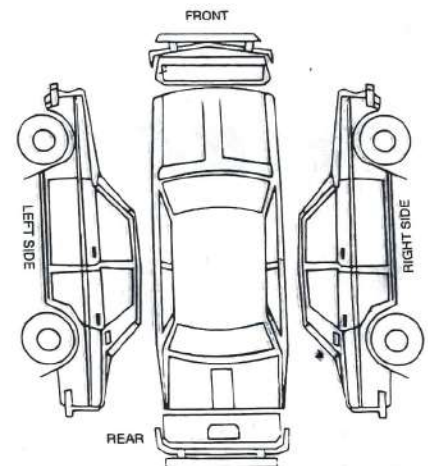
Accident Date: 23.06.2021

NATURE: 3P 23.06.2021

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

Vehicle No.:

SH 8670X

SH 8670X

Signature/Date

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

To be kept by Security Guard

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Date

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	24/06/2021 17:43 (SGT)
Date of Accident	23/06/2021 19:50 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE TOWARDS MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8670X

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) +65-90991805
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	YEOW KWANG MENG (YAO GUANGMING)
NRIC No	SXXXX718I

Date Of Birth	30/01/1977
Occupation	Outdoor
Date Of Driving Pass	05/02/2003
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90991805
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 308B ANG MO KIO AVENUE 1
Address complement	#28-403
Postcode	SINGAPORE 562308
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPROT - T/20210623/2125

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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV3334Y
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-82280344
Address	-
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	FBG5389K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD DANISH BIN MUHAMMAD FAIZAL FONSEKA
Contact Number	-
Address	BLK 730 JURONG WEST ST 72
Address complement	#05-41
Postcode	SINGAPORE 640730
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SH8670X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

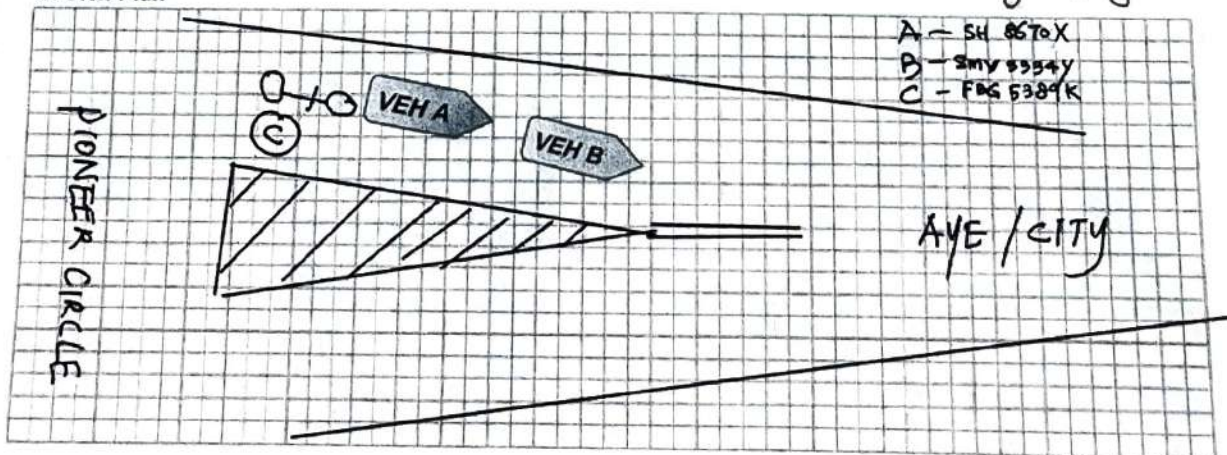
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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' 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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/2021063/2125


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 24.06 2021 1125 HRS



Witnessed by Reporting Centre
Personnel (Ryan Yong)



Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20210623/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2021 23:08		Vide Report No.: J/20210623/0130		Station Diary No.: 96	
Informant's Particulars					
Name of Informant: YEOW KWANG MENG			Address: APT BLK 308B ANG MO KIO AVENUE 1 #28-403 SINGAPORE 562308		
ID Type / ID No.: NRIC NO / S77297181			Contact No.: Home/Office: Mobile: 90991805		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 30/10/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/06/2021 19:50	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5389K	Motorcycle			Blue	Slightly Damaged	0
SH8670X	Car	HYUNDAI		Blue	Slightly Damaged	2
SMV3334Y	Car	HONDA		Blue		0



Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD DANISH BIN MUHAMMAD FAIZAL FONSEKA	ID No.	T0114613G
Related Vehicle	FBG5389K (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	YEOW KWANG MENG	ID No.	S7729718I
Related Vehicle	SH8670X (Car)	Contact No.	90991805
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/06/2021 at about 1950hrs, I was driving comfort taxi bearing registration plate number: SH8670X with one female passenger and her 3 year old daughter along Jalan Ahmad Ibrahim towards Pioneer Circus. I was on the left lane of Pioneer Circus, when I was about to merge from AYE towards MCE. I noticed that the vehicles and the vehicle bearing registration number: SMV3334Y in front started to jam brake hence I jam brake as well. Out of sudden, a motorbike bearing registration plate number: FBG5389K had knocked into the rear of my car. The 3 year old passenger has also fell from the seat due to the impact from FBG5389K. Traffic Police and ambulance was at scene. Case card reference J/20210623/0130 was issued to me. The 3 year old passenger was conveyed to hospital by ambulance. I did not manage to take down the particulars of my passenger but I got to know that the female passenger is elder sister of the rider of FBG5389K. I had in car camera however it was facing the front. My car and the motorbike suffered slight damages. There are no damages to SMV3334Y as I did not collided onto him.

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

T/20210623/2125

3 of 3

Report No. T/20210623/2125

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 1 LEE CHING HAO NICHOLAS



Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt LIM ENG KUAN, CLARENCE

Contact No: 65476200

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE
REGULATING EVERY DAY

SN 154



SIGNATURE

Signature Of Informant:



Date/Time:

23/06/2021 23:08

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	B21R
Vehicle No.:	SHB670X
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.:	D4FDFU606573
Chassis No.:	KMHLB41UMGU087929
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,239.00
Original Registration Date:	12 May 2016
First Registration Date:	12 May 2016
Transfer Count:	0
Actual ARF Paid:	\$20,335.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 May 2024
PARF Rebate Amount:	\$14,234.00
COE Expiry Date:	11 May 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period (Years):	8
PQP Paid:	\$36,463.00
COE Rebate Amount:	\$13,061.00
Total Rebate Amount:	\$27,295.00

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