

REG. NO. BY:

Theravan

REF:

CC3/AIG 21008902/eq3

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:

Sum Insured:

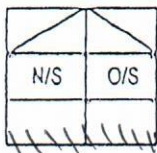
Excess:

(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: 2 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:

SH6238A

Yr Rogn:

24/3/16

Type: M.Car / M.Cycle / Bus / Van / Lorry (Tax) / Prime Mover /

Truck / Trailer or

Make:

Hyundai 140

c.c 1685

Colour:

blue

A/C: Insured / Std / NI / NA

Sp. Reading

593910

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

hmt12B414M64085811

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 705/60 R16

R: 705/60 R16

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

24/8/21

D.O.I.

24/8/21/1600

Survey held at

10mfort

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooflop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

rebate: 27630

Date/Time File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: W/S&L and (\$

___ S + RS ___ SI

Prints

Others

TOTAL

Request Forwards:

Letter Sign / UIC /

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATEDATE: 24-Aug-21INSURANCE: AIG ASIA (LIS)MODEL: Hyundai i40MVA: LIM T SVEHICLE NO.: SH 6238A

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$1,106.00 ✓ cut
	Rear Bumper Under Cover	1		\$228.00 ✗
	Rear Bumper Clips	10	\$2.20	\$22.00 ✓ nec
	SUB TOTAL			\$1,356.00
	LESS 20%			\$271.20
	DISCOUNTED TOTAL			\$1,084.80
	Rear Fender Adv.Sticker RH / LH	2	\$100.00	\$200.00 ✓ nec
	Rear Bumper Adv.Sticker	1		\$50.00 ✓ nec
	Reverse Sensors	1		\$135.70 ✓ cut
	Rear Bumper Mat	1		\$50.00 ✓ nec
	NETT TOTAL			\$435.70
	SPARE PARTS TOTAL			\$1,520.50
	<u>Labour Charge</u>			
	Panel Beating			\$300.00 280
	Spray Painting Charge			\$300.00 250
	R/I Reverse Sensors			\$120.00 50
	TOTAL LABOUR			\$720.00
	ESTIMATE TOTAL			\$2,240.50

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.

Thevan LHK
 82235769 thevan@lkkauto.com
 2 days wp
 1600 24/8/21
 LIS after repair photos

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SH6238A
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Aug 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	D4FDFU596806
Chassis No.:	KMHLB41UMGU085811
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,900.00
Original Registration Date:	24 Mar 2016
First Registration Date:	24 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$21,260.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Mar 2024
PARF Rebate Amount:	\$14,882.00
Intended COE Rebate Details	
COE Expiry Date:	23 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$39,633.00
COE Rebate Amount:	\$12,748.00
Total Rebate Amount:	\$27,630.00
Message	
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 25 Aug 2021

OK

Date/Time: 24.08.2021 13:38

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

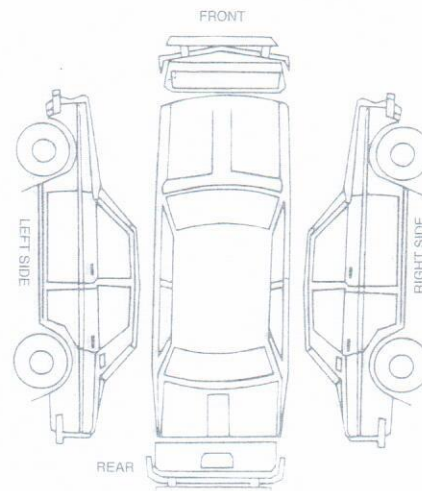
JC NO.: 305484138

OMER S OMER NO. ESS (R) (P) OUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)		REGN NO.: SH 6238A	MILEAGE
			MAKE : HYUNDAI	FUEL E.....1/2.....F
			MODEL I-40	DATE/TIME IN 24.08.2021 11:05
			YR OF MANU. 24.03.2016	TARGET DATE
			CHASSIS CODE KMHLB41UMGU085811	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.08.2021
NATURE: 3P 24.08.2021

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

Vehicle No.: SH 6238A LIMTS

Vehicle No.: SH 6238A

Service Advisor

Signature/Date

Name of Service Advisor

Date

Handed to Service Reception upon collection

To be kept by Security Guard

RE: Accident involving SH 6238A and your insured SMA9752U dated 24.08.2021 (SAS provided later)

AIG SGP, Claims-Survey <AIGSGP_ClaimsSurvey@aig.com>

Tue 24/8/2021 2:37 PM

To: Lim Tien Siong <limts@cdge.com.sg>

CAUTION : This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment unless you know the sender.

Hi Sir,

We'll appoint LKK to conduct survey.

Thanks.

AIG Claims Survey

From: Lim Tien Siong <limts@cdge.com.sg>

Sent: Tuesday, August 24, 2021 1:50 PM

To: AIG SGP, Claims-Survey <AIGSGP_ClaimsSurvey@aig.com>

Subject: [EXTERNAL] Accident involving SH 6238A and your insured SMA9752U dated 24.08.2021 (SAS provided later)

This message is from an external sender; be cautious with links and attachments.

Officer in charge,

Best Regards,

Lim Tien Siong

Taxi Accident Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156

Do you really need to print?
Go Digital! Go Paperless!



From: canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>

Sent: Tuesday, 24 August 2021 1:38 PM

To: Lim Tien Siong <limts@cdge.com.sg>

Subject: Scan Image

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

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	24/08/2021 15:57 (SGT)
Date of Accident	24/08/2021 07:20 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 8, Singapore
Additional Location Information	TOWARDS ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6238A

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) +65-97554423
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	LIM TZE KEONG(LIN ZIQIANG)
NRIC No	SXXXX501D

Date Of Birth	04/07/1979
Occupation	Outdoor
Date Of Driving Pass	10/06/2005
Driving experience	16 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97554423
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 334A YISHUN STREET 31 #08-95
Address complement	-
Postcode	761334
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	Raining
Road Surface	Wet

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 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	MRS IQ
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO REPORT T/20210824/2014

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	SMA9752U
-----------------------------	----------

Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	STEVEN
Contact Number	(Phone) +65-98224626
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM TZE KEONG(LIN ZIQIANG)
Gender	Male
Phone No	(Phone) +65-97554423
Address	APT BLK 334A YISHUN STREET 31 #08-95
Address Complement	-
Post Code	761334
Approximate Age Years Old	42
Injuries Sustained	PAINS ON NECK, SHOULDERS AND LOWER BACK- GIVEN 5 DAYS MC
Injured person in which vehicle?	SH6238A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MRS IQ
Gender	Female
Phone No	(Phone) +65-96488510
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAINS ON NECK AND SHOULDERS
Injured person in which vehicle?	SH6238A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

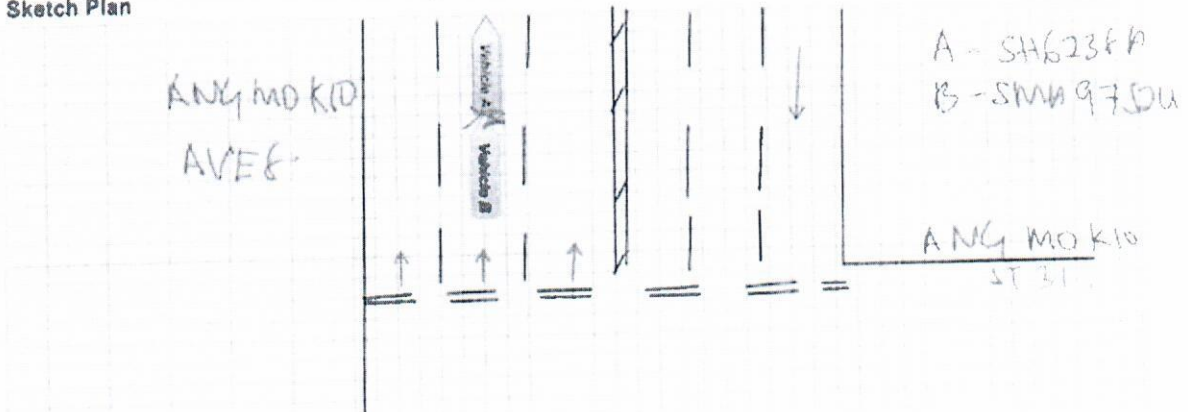
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT
T /20210824/2014

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

7/9

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

24/8/2021 - 1130H

Witnessed by Reporting Centre
Personnel

hbarney



**SINGAPORE
POLICE FORCE**



T/20210824/2014

1 of 1

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No 1800-5529999

Report No T/20210824/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 24/08/2021 10:18		Vide Report No.:		Station Diary No.: 36
Informant's Particulars				
Name of Informant: LIM TZE KEONG		Address: APT BLK 334A YISHUN STREET 31 #08-95 SINGAPORE 761324		
ID Type / ID No. NRIC NO / S7919501D		Contact No. Home/Office: Mobile: 97554423		
Nationality SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 42	Date of Birth: 04/07/1979	Type of Informant: Driver	
Race Chinese		Language:		Institution / School Name
Occupation: Taxi driver		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/08/2021 07:20	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 8				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow One Way		Traffic Control: Traffic Light - Working		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
SH6238A	Taxi				Slightly Damaged	1
SMA9752U	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved No	
No of Pedestrians Injured NIL	Use of Pedestrian Crossing NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No. 1800-5529999



T/20210824/2014

2 of 4

Report No. 1/20210824/2014

CONTINUATION OF REPORT

Passenger		ID No.	NIL
Name	Mrs IQ	Contact No.	96488510
Related Vehicle	SH6238A (Taxi)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver		ID No.	S7919501D
Name	LIM TZE KEONG	Contact No.	97554423
Related Vehicle	SH6238A (Taxi)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Date Treatment	24/08/2021
Date Treatment	24/08/2021	Date Discharge	24/08/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver		ID No.	NIL
Name	Steven	Contact No.	98224626
Related Vehicle	SMA9752U (Car)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 24/08/2021 at about 0720hrs I was driving my taxi along Ang Mo Kio Ave 8. I was going towards Ang Mo Kio Ave 1. The traffic light in front had turned red. The vehicles in front of me also had stop. As such I stopped my taxi. I had one passenger with me. As I was stationary, I suddenly felt an impact coming from the rear.

I discovered that the vehicle (SMA9752U) behind me had collided into my taxi. I made check on my passenger and she informed that she felt some pains on her neck and shoulders. She informed that she will be seeing a doctor to seek medical treatment. I wish to state that both my passenger and I had our seatbelts on.

I alight my taxi and made a check. I also managed to take the other drivers contact number. I took photo



**SINGAPORE
POLICE FORCE**



T/20210824/2014

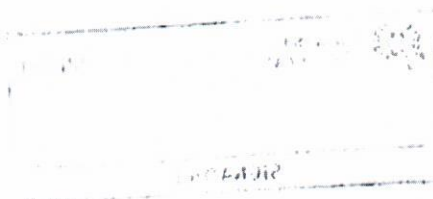
3 of 4

Report No. T/20210824/2014

Police Station Of Origin:
Bishan N.P.C.
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

of the accident. I have an in-car camera but can only be access by my company. After the accident, I went to Mount Alvernia to seek treatment as I felt pains on my neck, shoulders, and lower back. I was given 5 days MC.





**SINGAPORE
POLICE FORCE**



T/20210824/2014

4 of 4

Report No T/20210824/2014

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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: E / Sgt 3 MUHAMMAD RIDZUAN BIN ABDUL RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2021 10:18
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD SYED ABDUL WAHID ALHINDUAN Contact No: 65476404	Classification Of Case: SN 061
Authentication Stamp NP168	 SIGNATURE