

REC BY: Thavan

ntuc

NS/INC21009154/Vtc

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/1142304-002

Sum Insured:

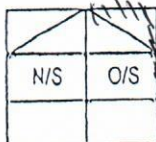
Excess:

(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:

3

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:

SHA7784H

Yr Regn:

3/12, 2015

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

Truck / Trailer or

Make:

Hyundai 140

c.c 1685

Colour:

blue

A/C: Insured / Std / NI / NA

Sp. Reading

877371

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMTLBU1um6u080618

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:

206/60R16

R:

206/60R16

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

25/8/21

D.O.A.

25/8/21 1530

Survey held at

Comfort

Des. of Damages: (Frt) / Rear / O/S / N/S / U/C / Roof/Top or

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

Date / Time

Action / Instruction

rebate: 27882

lump sum 2850, 3days

red:685.12: 19%

Date/Time. File Pass to?

☐

: Prelim. Report

1)

☐

: Final Report

Date/Time. File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: W/et end (\$

Survey Fee:

Transportation:

\$ + RS. \$

Prints

Others

Total

Request For:

Loss / Claim / Etc:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHA2784H
Vehicle to be Exported:	No
Intended Deregistration Date:	26 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.:	D4FDEU430015
Chassis No.:	KMHLB41UMGU080618
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$21,022.00
Original Registration Date:	03 Dec 2015
First Registration Date:	03 Dec 2015
Transfer Count:	0
Actual ARF Paid:	\$21,431.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Dec 2023
PARF Rebate Amount:	\$15,001.00
Intended COE Rebate Details	
COE Expiry Date:	02 Dec 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,466.00
COE Rebate Amount:	\$12,881.00
Total Rebate Amount:	\$27,882.00
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 26 Aug 2021

OK

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATEDATE: 25-Aug-21MODEL: Hyundai i40VEHICLE NO. SHA2784HINSURANCE: NTUC *CHS*MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Bumper	1		\$1,052.20
	Front Bumper Clips	10	\$2.20	\$22.00
	Front Bumper Side Bracket RH	1		\$22.40
	Front Fender RH	1		\$663.00
	Front Fender Shield RH	1		\$174.90
	Front Fender Retainer RH	1		\$217.20
	HeadLamp RH	1	1388	\$1,800.00
	Front Wheel Cap RH	1		\$217.20
	SUB TOTAL			\$4,168.90
	LESS 20%			\$833.78
	DISCOUNTED TOTAL			\$3,335.12
	Front Fender Adv.Sticker RH	1		\$100.00
	TOTAL SPARE PARTS			\$3,435.12
	Labour Charge			
	Panel Beating			\$800.00
	Spray Painting Charge			\$600.00
	Check Lightings			\$40.00
	Tuff Kote			\$60.00
	TOTAL LABOUR			\$1,500.00
	ESTIMATE TOTAL			\$3,535.12

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 Lkh

82235769 thevan@lkhauto.com

1530 28/8/21

L/S after repair photos

3 days w/p

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:

Date/Time: 25.08.2021 13:32

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

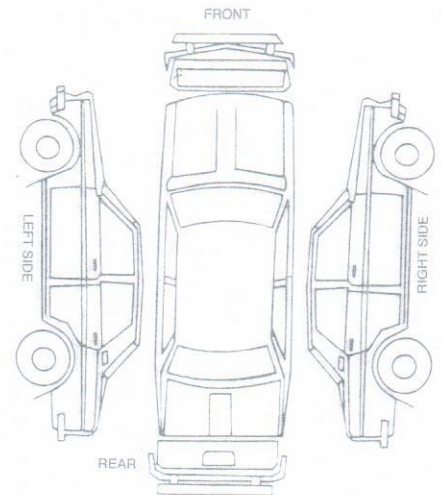
JC NO.: 30548418

CUSTOMER		REGN NO.: SHA2784H	MILEAGE
MR/MS	COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL
CUSTOMER NO.	7010045	MODEL	E.....1/2.....F
ADDRESS	383 SIN MING DRIVE	YR OF MANU.	DATE/TIME IN
	Singapore SINGAPORE 575717	03.12.2015	25.08.2021 08:5
TEL. (R)	65508755	CHASSIS CODE	TARGET DATE
(P)	(O)	KMHLB41UMGU080618	COMPLETION DATE/TIME:
DISCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 25.08.2021
NATURE: 3P 25.08.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Signature:

Vehicle No.:

Vehicle No.:

SHA2784H

LIMITS

Vehicle No.:

SHA2784H

Signature of 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	25/08/2021 11:58 (SGT)
Date of Accident	25/08/2021 07:55 (SGT)
Exact Location of Accident	Near Nuh, Singapore
Additional Location Information	ROUNDAABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2784H
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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) +65-97558481
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	CHAN TUCK KIN
NRIC No	SXXXX208H

NRIC No	SXXXX976I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstances of the Accident

ON 25/08/2021 AT AROUND 0755HRS. I VEHICLE A (SHA2784H) WAS TRAVELLING LOWER KENT RIDGE ROAD VIA ROUNDABOUT TO EXIT BUONA VISTA. AS I WAS ON THE SECOND ROUNDABOUT EXIT. I SUDDENLY FELT A NUDGE AND REALISED THAT VEHICLE B(SJV2714B) HAD SIDE SWIPE ME. NO ONE WAS INJURED DURING THAT TIME.

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

Witnessed by Reporting Centre Personnel

25/08/21 1000

Rahma