

THRU

ALC

ASSIGNMENT

Fixed

Date

Estimated Cost:

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

To inspect Vehicle No:

at Workshop no

of

Insured

Policy No

Claims No

Sum Insured:

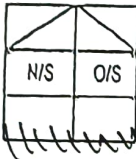
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAG 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:

SHA 6202

Yr Rogn:

12/5, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ / Primo Mover /

Truck / Trailer or

Make:

Hyundai 140

c.c 1685

Colour:

blue

AVC: Insured / Std / NI / NA

Sp. Reading

682583

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB41UM6U090026

Gen. Cond: ☒ / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ / STD AIR/In 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.

24/8/21

D.O.I.

21/8/21 1630

Survey held at

comfort

Des. of Damages: Frt / ☒ / 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: 26443

Date/Time File Pass to?

☐

: Proll. Report

1)

☐

: Final Report

Date/Time File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: VV&I and

Survey Fee:

Transportation:

Prints

Other

TOTAL

Request Form:

Letter Sign / B.J.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SHA1029L
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Sep 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDEU419927
Chassis No.:	KMHLB41UMGU090026
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,222.00
Original Registration Date:	12 May 2016
First Registration Date:	12 May 2016
Transfer Count:	0
Actual ARF Paid:	\$20,311.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 May 2024
PARF Rebate Amount:	\$14,217.00

Intended COE Rebate Details

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:	\$12,276.00
Total Rebate Amount:	\$26,493.00

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 01 Sep 2021

OK

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA1029L

29.08.21

MAKE REG: 12.05.2016

MODEL HYU-140

Type

CHIANG/ AIG

Qty	Parts Description/ Labour	Unit Price	Amount	
1	REAR BUMPER COVER	553	\$1,106.00	det
10	REAR BUMPER CLIPS	\$2.20	\$22.00	/nll
2	REAR BUMPER REFLECTOR /RH		\$32.00	/suc
1	REAR BUMPER UNDER COVER		\$228.00	/scr
	SUB TOTAL		\$1,388.00	
	20.00%		\$277.60	
	DISCOUNTED TOTAL		\$1,110.40	
1	REAR REVERSE SENSOR		\$135.70	/lut
1	REAR BUMPER PROTECTOR		\$50.00	/scr
			\$185.70	
	Labour Charge		\$560.00	280
	Panel Beating		\$300.00	250
	Spray Painting Charge		\$60.00	20
	Remove/refix reverse sensor		\$60.00	20
	Tuff Kote		\$60.00	20
	Check Lighting & Wiring			
	TOTAL LABOUR		\$1,040.00	
	ESTIMATE TOTAL		\$2,336.10	
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.				

Thavan Lkh
 Thavan@Lkhauto.com
 82235769

L/s after repair photos

5/8/21 16430

2 days wp

- 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:

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	30/08/2021 15:47 (SGT)
Date of Accident	29/08/2021 12:30 (SGT)
Exact Location of Accident	Woodlands Ave 7, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1029L
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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) +65-90118034
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 - Reporting only
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	ABDUL RAHIM BIN ABDUL RAHMAN
NRIC No	SXXXX343A

Date Of Birth	09/07/1958
Occupation	Outdoor
Date Of Driving Pass	14/03/1983
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90118034
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 302A WOODLANDS STREET 31 #12-315
Address complement	-
Postcode	731302
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	Male

PASSENGER 2

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 29/08/2021 AT ABOUT 12:30HRS, I WAS DRIVING VEHICLE A (SHA1029L) ALONG WOODLANDS AVE 7. WHILE STATIONARY DUE TO RED TRAFFIC LIGHT, VEHICLE B (SGD6181S) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED.

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	SGD6181S
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	QIONG YANHUI
Contact Number	(Phone) +65-81892854
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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 willful misrepresentation or withholding of material facts may allow insurance companies to renewate 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 :

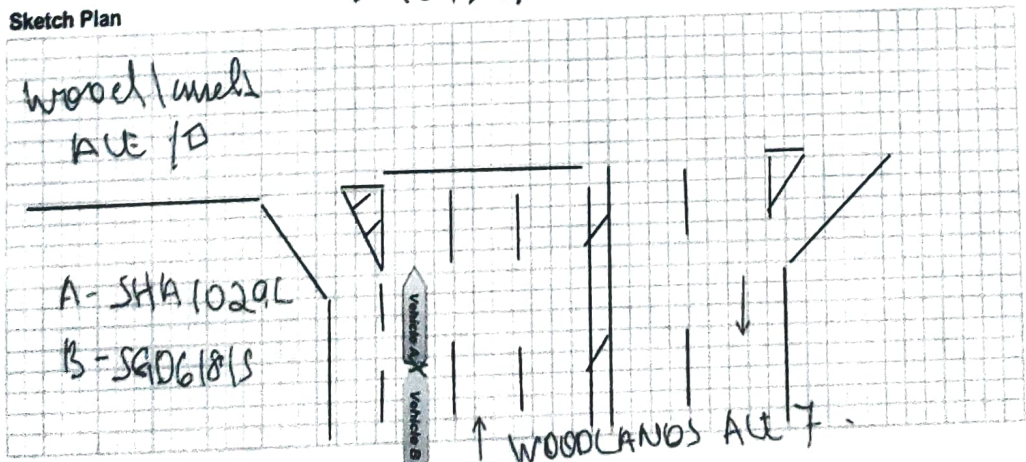
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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
20/8/2021 - 1020 H.

Witnessed by Reporting Centre Personnel
Khameraj

Sketch Plan

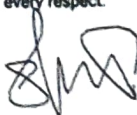


Describe Circumstances of the Accident

ON 29/08/2021 AT ABOUT 12:30HRS, I WAS DRIVING VEHICLE A (SHA1029L) ALONG WOODLANDS AVE 7. WHILE STATIONARY DUE TO RED TRAFFIC LIGHT, VEHICLE B (SGD6181S) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED.

Declaration

I/We declare the foregoing particulars are true in every respect.



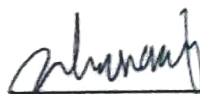
Policyholder's Signature / Date &

7/9

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

30/8/2021 - 1020H

Witnessed by Reporting Centre Personnel



Khamu Rai