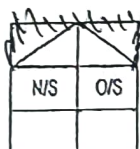


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop m/s: _____
 of: _____
 Insured: PC 3269S
 Policy No: _____
 Claims No: MT/1142888-002
 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA2446 ✓ Yr Regn: 17/3 /16
 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: 428/16 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: kmHC B41um6u 085599

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. 27/8/21 D.O.I. 30/8/21/700

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: 27424

8/9/21 Thevan confirmed LS \$2150 (Red 2466.56, 53%)

Date/Time File Pass to?

☐ : Proff. Report

1)

☐ : Final Report

Date/Time File Return to?

3 8/9/21-Typist

Forst Form 23: TP

LS \$2150

Days Of Repair: 3

Resurvey No. of Trlp: 1

Adcl Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : V/S&I (\$

Survey Fee:

Transportation:

S + P.S. \$

Fuel

Others

Total

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA2499G

DATE 27.08.2021

MAKE 17.03.2016 REG.

CHIANG/NTUC

MODEL I-40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER COVER			\$1,052.20 Xr
1	HEAD LAMP LH			\$1,800.00 Xsuc
10	BUMPER CLIP			\$22.00 / nec
1	FRONT BUMPER GRILLE LH			\$93.60 Xsuc
1	FRONT BUMPER BRACKET TOP LH			\$22.80 / LH
1	FRONT FENDER SHIELD LH			\$174.90 Xsuc
1	FRONT WHEEL COVER LH			\$217.20 / cut
1	FRONT FENDER RH			\$663.00 / DIS
	SUB TOTAL			\$4,045.70
	20.00%			\$809.14
				\$3,236.56
1	FRONT FENDER ADVERTISEMENT			\$100.00
				\$100.00
	Labour Charge			
	Panel Beating			\$560.00 470
	Spray painting			\$600.00 500
	Reset front wheel alignment			\$60.00 ✓
	Check Lighting			\$60.00 30
	TOTAL LABOUR			\$1,280.00
	ESTIMATE TOTAL			\$4,616.56
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.				

Thuan Lkh

30/8/21 1700

82235769

thuan@lkh auto. com

3 days w/p

L/S 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.:	SHA2499G
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:	2015
Engine No.:	D4FDGU626262
Chassis No.:	KMHLB41UMGU085599
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,856.00
Original Registration Date:	17 Mar 2016
First Registration Date:	17 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$21,199.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Mar 2024
PARF Rebate Amount:	\$14,839.00
Intended COE Rebate Details	
COE Expiry Date:	16 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$39,633.00
COE Rebate Amount:	\$12,585.00
Total Rebate Amount:	\$27,424.00

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

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	28/08/2021 15:32 (SGT)
Date of Accident	27/08/2021 18:05 (SGT)
Exact Location of Accident	Yishun Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2499G
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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) +65-96567441
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	LIAW BOON SEONG
NRIC No	SXXXX361C

Date Of Birth	07/03/1964
Occupation	Outdoor
Date Of Driving Pass	03/07/1985
Driving experience	36 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96567441
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 439 CHO A CHU KANG AVENUE 4 #06-437
Address complement	-
Postcode	680439
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
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 27/08/2021 AT ABOUT 1805HRS I WAS DRIVING MY VEHICLE A SHA2499G ON THE MOST RIGHT LANE OF YISHUN AVE 5 TOWARDS YISHUN RING ROAD. VEHICLE B PC3269S ON THE MOST LEFT LANE SWERVED INTO MY LANE AND SIDE SWIPE HIS VEHICLE B RIGHT REAR ONTO MY VEHICLE A FRONT LEFT. VEHICLE B DID NOT STOP AND I HAD TO GIVE CHASE. I MANAGED TO CATCH, TOOK PICTURES BUT HE REFUSE TO EXCHANGE PARTICULARS. NO ONE 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	PC3269S
Vehicle Manufacturer	-

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

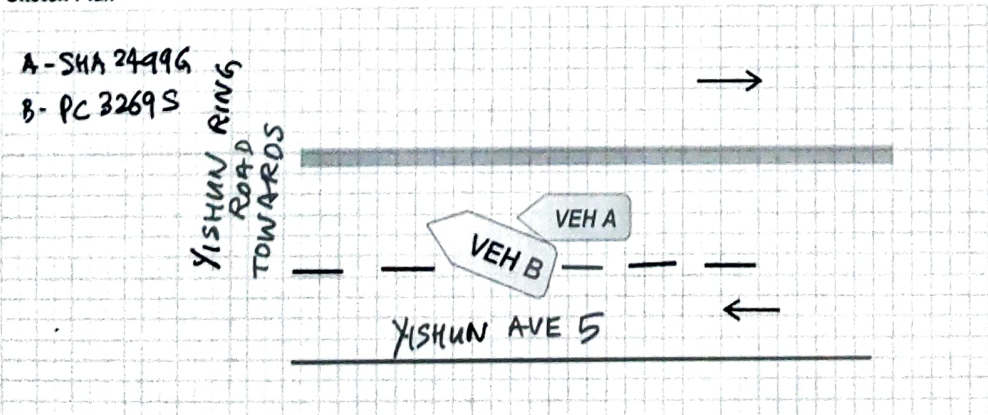
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

ON 27/08/2021 AT ABOUT 1805HRS I WAS DRIVING MY VEHICLE A SHA2499G ON THE MOST RIGHT LANE OF YISHUN AVE 5 TOWARDS YISHUN RING ROAD. VEHICLE B PC3269S ON THE MOST LEFT LANE SWERVED INTO MY LANE AND SIDE SWIPE HIS VEHICLE B RIGHT REAR ONTO MY VEHICLE A FRONT LEFT. VEHICLE B DID NOT STOP AND I HAD TO GIVE CHASE. I MANAGED TO CATCH, TOOK PICTURES BUT HE REFUSE TO EXCHANGE PARTICULARS. NO ONE WAS INJURED

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 28.08.2021 0915HRS

Witnessed by Reporting Centre Personnel Kyei Yung