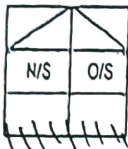


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop on: _____
 at: _____
 Insured: _____
 Policy No: _____
 Claims No: **MT/1143897-001**
 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: **SHD4523R** ✓ Yr Regn: **18/5, 16**
 Type: ☒ Car / ☐ Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: **Hyundai** 110 c.c. **1685**
 Colour: **blue** A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA
 Sp Reading: **584314** T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____
 C/No: **RMHLCBUTUMGU08950**

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: **205/60R16**
 R: **228/60R16**

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. 30/8/21 D.O.I. 31/8/21/645

Survey held at **Comfort**

Des. of Damages: Frt / ☒ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Roof/Top or

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

Date / Time Action / Instruction
Rebate: 26430

LABOUR ONLY 560
(RED: 1204.80; 68)

Case/Time, File Pass to?

☐ : Provl. Report
☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS \$

Printed

Checked

Date

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : V/A & G/L (\$

Request For:

Letter, Form / I.B.J.:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

NRUC (LLSUM)

Date: 31.08.2021
Time: 10:19:14
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305484958
REGN NO : SHD4523R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 18.05.2016
DATE/TIME IN : 30.08.2021 11:35
ACCIDENT DATE : 30.08.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G COVER ASSY-RR BUMPER#	1	1,106.00	20.00	884.80	NR
0002 04-01-0101-0111-G BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	NR
0003 04-01-0103-0738-G COVER-RR BUMPER LWR#	1	228.00	20.00	182.40	NR
SUB-TOTAL : 1,084.80					

JOB NATURE

0000 PB	PANEL BEATING	300.00	280
0001 SP	SPRAYPAINT CHARGE	300.00	250
0002 L	REMOVE/REFIX REVERSE SENSOR	80.00	30
SUB-TOTAL : 680.00			

TOTAL : 1,764.80

MVA NAME & SIGNATURE
DATE: 31/8/21

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE:

Theran Chh
theran@lkhauto.com
82235769
2 days w/p
431/8/21 1645

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:

Labour only after repair photos

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type

Company

Owner ID

821R

Vehicle Details

Vehicle No.

SND4523R

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.

D4FDGU625126

Chassis No.

KMHLB41UMGU089850

Maximum Power Output

100.0 kW (134 bhp)

Open Market Value

\$20,070.00

Original Registration Date

19 May 2016

First Registration Date

19 May 2016

Transfer Count

0

Actual ARF Paid

\$20,098.00

Intended PARF Rebate Details

PARF Eligibility

Yes

PARF Eligibility Expiry Date

18 May 2024

PARF Rebate Amount

\$14,068.00

Intended COE Rebate Details

COE Expiry Date

18 May 2024

COE Category

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years)

8

PQP Paid

\$36,463.00

COE Rebate Amount

\$12,362.00

Total Rebate Amount

\$26,430.00

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

Date/Time: 31.08.2021 09:59

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4114136

JG NO 305484958

OWNER
 COMFORT TRANSPORTATION PTE LTD
 CHASSIS NO 7010045
 REG NO 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755 (O)

REGN NO: SHD4523R	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL I-40	DATE/TIME IN 30.08.2021 11:35
YR OF MANU. 18.05.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU089850	COMPLETION DATE/TIME:

PRINT CARD NO

JOB DESCRIPTION

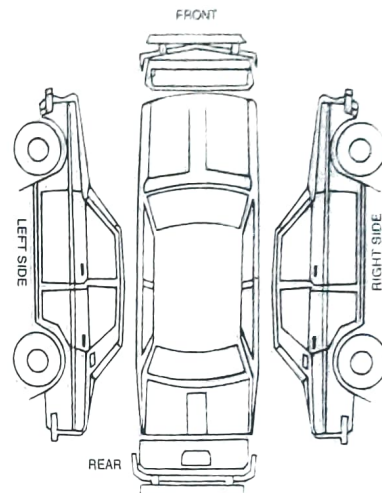
Accident Date: 30.08.2021

Signature: 3P 30.08.2021

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SHD4523R

JU NTUC LKK

Vehicle No.:

SHD4523R

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	30/08/2021 20:10 (SGT)
Date of Accident	30/08/2021 09:40 (SGT)
Exact Location of Accident	224 Ang Mo Kio Ave 1, Block 224, Singapore 560224
Additional Location Information	OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4523R
-----------------------------	----------

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) +65-97880308
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	GOH KENG BOON
NRIC No	SXXXX875Z

Date Of Birth	31/01/1978
Occupation	Outdoor
Date Of Driving Pass	01/04/2002
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97880308
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 105 ANG MO KIO AVENUE 4
Address complement	#05-202
Postcode	560105
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?	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 30/08/2021 09:40HRS, I WAS DRIVING VEHICLE A (SHD4523R) ALONG BLOCK 224 ANG MO KIO AVE 1 CARPARK TOWARDS EXIT GANTRY. WHILE STATIONARY AT THE EXIT GANTRY, VEHICLE B (SGX8652G) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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	SGX8652G
Vehicle Manufacturer	Toyota
Vehicle Model	Axio

Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
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)	1

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 **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

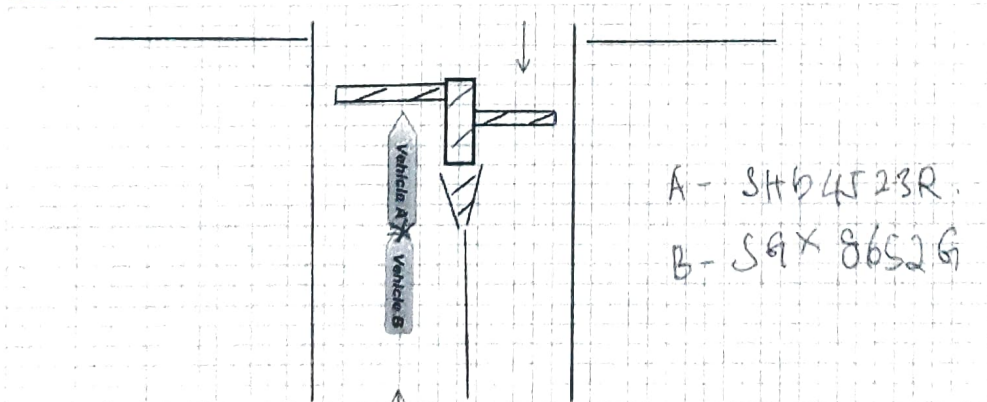
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

ON 30/08/2021 09:40HRS, I WAS DRIVING VEHICLE A (SHD4523R) ALONG BLOCK 224 ANG MO KIO AVE 1 CARPARK TOWARDS EXIT GANTRY. WHILE STATIONARY AT THE EXIT GANTRY, VEHICLE B (SGX8652G) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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

7/9

[Handwritten Signature]

30/8/2021-1310H

[Handwritten Signature]

Khanu Boi