400	SIGNMENT /				
From: Cale.	Veh No: Stc 1094L V Yr Rogn: 75/8, 16				
Estimated Cost:	Type: M.Car I M.Cycle I Bus I Van I Lorry I Taxy I Prime Mover I				
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or				
To Inspect Vehicle No:	Mako: Hyundoi 140 a.c 1685				
ul Workshop m/s	Colour Slac NC: Insured/Std/NI/NA				
0	Sp. Reading 445 6941 T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No	1				
Claims No. MT/1142741-002	C/No: NMHLB114M64093350 Gen. Cond: Good / Foir / Poor / Burnt				
Sum Insured: Excoss:	Steering: Inforder / Jainmod / Leaked / Burnt or				
(Cflent's Record)	<u> </u>				
(Cflent's Record) Make of Vch: Modi: NII / S/RIm / STD A/Rim or .					
	000/101/1				
(Policy Condition)	0.01/201/				
Remark: The veh had commenced its N/S O/S					
repair at the time of inspection.	TOYOTYOKO OF WESTIGHE				
Bal, or Market Value;					
	Fron! Roar R/Bal, S mm R/Bal, C mm				
	1/0-1				
GIA / PR Seen: Consistent?: Yes or No Est. Repairs. Z days Res.: Yos or No					
21/4-7					
Lum Sun: % 3 Val.: Yos or No	7				
CA (REV / REP. / 24 HRS	Des. of Damages: (Frt) Rear O/S N/S U/C Rooflop or				
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction	The dro / Chassis Hame / Body Streeting Billowy duty to Common.				
rebate: 28446					
LUMP SUM \$29	950, 3DAYS				
RED: 3291.60;	52%				
DaterTime File Pess to 7 Proll. Report Da	ys Of Repair:				
-	survey No. of Trip: Survey Fee:				
Date/Time File Return to?	Trensportation;				
્રમુ Add Fee:	: Site Insp (\$)s + kssi .				
	: Interview (\$) Friolos				
Sewest Formus :	: Tech, Inve (\$) (live				
Lieng Tina (I.B.): 12	: Weel end 12				
to the state of th	763.9				
	(1777)				

Throw | NH(NS/INC21009237/Vtc

Sheet2

4 - 45

Date: 30/08/2021

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC1094L

:1-40

Make : HYUNDAI Model

Insurance: NTUC MVA: MS. LOKE YY

ty	Parts Description / Labour	Туре	Unit Price	Amount
	1 FRONT BUMPER COVER			\$1,052.2
	OFRT BUMPER CLIPS			\$22.0
	1 FRT BUMPER BRACKET TOP RH			\$44.8
	1 FRT BUMPER GRILLE RH			\$187.2
	1 FRT FENDER RH	/		\$663.0
	1 FRT FENDER SHIELD RH	· /	-6 \	\$174.9
	1 HEADLAMP RH		13C/	\$1,800.0
	1 FRT BUMPER REINFORCEMENT		` /	\$588.4
	1 FRT BUMPER SIDE BRACKET RH			\$24.60
	1 HEADLMAP SUPPORT PANEL ASSY			\$907.40
	LESS 20% DISCOUNTED TOTAL			\$1,092.90 \$4,371.60
				•
	Labour Charge			\$900.00
	PANEL BEATING			\$900.00 \$850.00
	SPRAY PAINTING CHARGE			\$850.00 \$60.00
	TUFF KOTE			\$60.00
	WIRING CHARGE		ŀ	\$1,870.00
	TOTAL LABOUR			φ1,070.00
	ESTIMATE TOTAL			\$6,241.60

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.

3 days wp Thevan Ltd M 82235769 thevan@LHhauto·lom L/S after repair photos Page 1

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.
 SHC 1094L

 Vehicle to be Exported:
 No

 Intended Deregistration Date:
 01 Sep 2021

 Vehicle Make:
 HYUNDAI

Vehicle Model: 140 1.7 CRDI F/L AT ABS AIRBAG 4DR

Primary Colour: Blue
Manufacturing Year; 2016

 Engine No.:
 D4FDGU668610

 Chassis No.:
 KMHLB41UMGU093350

 Maximum Power Output:
 100.0 kW (134 bhp)

Open Market Value:\$18,718.00Original Registration Date:25 Aug 2016First Registration Date:25 Aug 2016Transfer Count:0

Actual ARF Paid: \$18,718.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 24 A

PARF Eligibility Expiry Date: 24 Aug 2024
PARF Rebate Amount: \$13,102.00
Intended COE Rebate Details

COE Expiry Date: 24 Aug 2024

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

COE Period(Years): 8

 PQP Paid:
 \$41,215.00

 COE Rebate Amount:
 \$15,344.00

 Total Rebate Amount:
 \$28,446.00

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

ОК

SJ04218S000G / JP Knights Pie Ltd ENTRY DATE & TIME: 28/08/2021 18:01 (SGT) SUBMITTED BY: Suria VERSION: 1 (28/08/2021 18:01 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate
- 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 Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

28/08/2021 18:01 (SGT)

28/08/2021 10:50 (SGT)

Sims PI, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC1094L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address**

Mobile Phone No

Alternative Phone No

Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg

(Phone) +65-82230544

(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

140

Hyundai

Exact purpose for which vehicle was being used at time of

accident

Variant

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission CC

Private hire

No - Claiming third party

Taxi

Auto

1685

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419138

DRIVER

Name of Driver

NRIC No

CHENG HOCK HWA SXXXX087I



Accident report SJ04218S000G

Page 1 of 16

Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

28/08/1968 Outdoor

31/01/1989

32 YEARS AND 7 MONTHS

Male

(Phone) +65-82230544

fleetsafety@cdgtaxi.com.sg

BLK 104 JALAN RAJAH #15-60

321104

No Hirer

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Cross Junction

Clear

Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No 2

Yes

Nο

Yes 1

Nο

DETAILS OF POLICE ACTION

Was the accident reported to the police?

No No

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE 28/08/21 AT AROUND 1050HRS, I WAS DRIVING MY VEHICLE A SHC1094L ALONG SIMS PLACE JUNCTION OF SIMS DRIVE . I WAS ON SIMS DRIVE MOVING STRAIGHT. AS I WAS APPROACHING THE JUNCTION WHEN SUDDENLY VEHICLE B SKG1017D CAME OUT FROM SIMS PLACE TO TURN RIGHT. I COULD NOT MANAGE TO BRAKE IN TIME AND HIT HEAD TO SIDE ONTO VEHICLE B. THERE IS DAMAGE ON THE FRONT RIGHT OF VEHICLE A. MY BODY FEEL SHAKY AND LIGHT HEADED.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes Yes

Was there any video captured by Car Camera?

FILE IS NOT SUITABLE

Reasons for not uploading a video of the accident Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKG1017D

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour 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)

- (Phone) +65-91882289
- (Phone) +65-9182289
- (Phone) + (Phone)

INJURED PERSONS DETAILS

INJURED 1

 Name of injured person
 CHENG HOCK HWA

 Gender
 Male

 Phone No
 (Phone) +65-82230544

 Address

 Address Complement

 Post Code

Approximate Age Years Old Injuries Sustained BODY SHAKY AND LIGHT HEADED
Injured person in which vehicle? SHC1094L

Were seat belts wom? Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate solicy liability</u>.
- 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 forw arded 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.
- By the todgement 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)

lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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' law yers/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 w ith 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

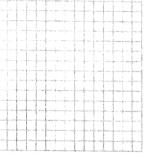
Driver's Signature (If driver is/not the policyholder) / Date & Time 28/7/2 | | \bigcirc

Witnessed by Reporting Centre Personnel Sawat

Sketch Plan

A:SHC1094L B: SKG1017D





6/9

Describe Circumstances of the Accident

ON THE 28/08/21 AT AROUND 1050HRS, I WAS DRIVING MY VEHICLE A SHC1094L ALONG SIMS PLACE JUNCTION OF SIMS DRIVE. I WAS ON SIMS DRIVE MOVING STRAIGHT. AS I WAS APPROACHING THE JUNCTION WHEN SUDDENLY VEHICLE B SKG1017D CAME OUT FROM SIMS PLACE TO TURN RIGHT. I COULD NOT MANAGE TO BRAKE IN TIME AND HIT HEAD TO SIDE ONTO VEHICLE B. THERE IS DAMAGE ON THE FRONT RIGHT OF VEHICLE A. MY BODY FEEL SHAKY AND LIGH HEADED.

Declaration

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

Policyholder's Signature / Date &

Oriver's Signature (If driver is not the policyholder) / Date & Time 28/8/2/ 1150

Witnessed by Reporting Centre Personnel Sayya