Surveyed by: Thevan | Ref: NTUC

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.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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: SHC1094L ✓ Yr Regn: 25/8/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or

Make: Hyundai i40 c.c 1685

Colour: blue A/C: Insured / Std / Nil / NA

Sp.Reading: 445694 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: KMHLB41UMGU093350

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: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front R/Bal. 5 mm L/Bal. 5 mm

Rear R/Bal. 5 mm L/Bal. 5 mm

D.O.A. 28/8/21 D.O.I. 30/8/21 1615

Survey held at Comfort

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

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

Date / Time	Action / Instruction
	rebate: 28446

Date/Time File Pass to? [ ] : Prelim. Report

[ ] : Final Report

Date/Time File Return to?

Report Forms:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Inve ($)

[ ] : Weekend ($)

Survey Fee:	
Transportation:	
__S + RS.__SI	
Photos	
Others	
TOTAL	

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC1094L
Make : HYUNDAI
Model : I-40

Date: 30/08/2021
Insurance: NTUC
MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	FRONT BUMPER COVER			$1,052.20
10	FRT BUMPER CLIPS			$22.00
1	FRT BUMPER BRACKET TOP RH			$44.80
1	FRT BUMPER GRILLE RH			$187.20
1	FRT FENDER RH			$663.00
1	FRT FENDER SHIELD RH			$174.90
1	HEADLAMP RH			$1,800.00
1	FRT BUMPER REINFORCEMENT			$588.40
1	FRT BUMPER SIDE BRACKET RH			$24.60
1	HEADLMAP SUPPORT PANEL ASSY			$907.40
	SUB TOTAL			$5,464.50
	LESS 20%			$1,092.90
	DISCOUNTED TOTAL			**$4,371.60**
				$- Nett
	Labour Charge			
	PANEL BEATING			$900.00
	SPRAY PAINTING CHARGE			$850.00
	TUFF KOTE			$60.00
	WIRING CHARGE			$60.00
	TOTAL LABOUR			**$1,870.00**
	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 LHK
82235769
thevan@LHKauto.com
L/S after repair photos
30/8/21 1615

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.:	SHC1094L
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.:	D4FDGU668610
Chassis No.:	KMHLB41UMGU093350
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	$18,718.00
Original Registration Date:	25 Aug 2016
First Registration Date:	25 Aug 2016
Transfer Count:	0
Actual ARF Paid:	$18,718.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
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

OK

Thevan 30/8/21

SJ04218S000G / JP Knights Pte 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
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 witholding 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 18:01 (SGT)
Date of Accident	28/08/2021 10:50 (SGT)
Exact Location of Accident	Sims Pl, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1094L

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) +65-82230544
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	CHENG HOCK HWA
NRIC No	SXXXX087I

Date Of Birth	28/08/1968
Occupation	Outdoor
Date Of Driving Pass	31/01/1989
Driving experience	32 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82230544
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 104 JALAN RAJAH #15-60
Address complement	-
Postcode	321104
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 - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 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
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	SKG1017D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-91882289
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 w illful misrepresentation or w ithholding 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 w ill 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 w ill 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, acknow ledge, 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho 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), w hich 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 28/7/21 1150	Witnessed by Reporting Centre Personnel Sanat

Sketch Plan

A: SHC 1094L
B: SKG 1017D

SKETCH PLAN #2

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 & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 28/8/21 1150

Witnessed by Reporting Centre Personnel Sayyat

7/9