

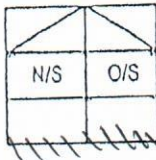
REG BY: Thevan | Ntuc

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.



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: SHC8688C Yr Regn: 711 116
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 / NI / NA
Sp. Reading: 81272.6 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: HWHLB4UM6U083126
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/R / STD A/R / 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. 3/10/21 D.O.I. 5/6/21 1600
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: 27588

Date/Time. File Pass to?

☐ : Prelim. Report
☐ : Final Report

Date/Time. File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Insp (\$) ☐ : Wash end

Survey Fee:

Transportation:

_____ S + RS. _____ SI

Prints

Delivery

TOTAL

Report Form:

Living Sign / LB: _____

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 05.10.2021
Time: 09:18:57
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 : 305489379
REGN NO : SHC8688C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 07.01.2016
DATE/TIME IN : 04.10.2021 15:10
ACCIDENT DATE : 03.10.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	COVER ASSY-RR BUMPER#	1	553.00	20.00	442.40	/Def
0002 04-01-0103-0738-G	COVER-RR BUMPER LWR#	1	228.00	20.00	182.40	/scr
0003 04-01-0103-1150-A	PROTECTOR MAT	1 N	50.00	2.00-	50.00	/ncc
0004 04-01-0101-0111-G	BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	/ncc
0005 04-01-0103-0739-G	ABSORBER-RR BUMPER ENERGY	1	119.50	20.00	95.60	^
0006 04-01-0103-0740-G	BEAM-RR BUMPER#	1	428.40	20.00	342.72	^

SUB-TOTAL : 1,130.72

JOB NATURE

0000 PB	PANEL BEATING	300.00	280
0001 SP	SPRAYPAINT CHARGE	300.00	250
0002 20-05	RENEW ADVERTISMENT STICKER-Bumper	50.00	/ncc
0003 L	REMOVE/REFIX REVERSE SENSOR	80.00	30

SUB-TOTAL : 730.00

Thevan@Lthayto.lom
82235769
5/10/21 1600
C/S ~~hff~~ after paint photo
wp 2 days

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.10.2021

Time: 09:18:57

Page: 2

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

JOB NO : 305489379
REGN NO : SHC8688C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 07.01.2016
DATE/TIME IN : 04.10.2021 15:1
ACCIDENT DATE : 03.10.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,860.72

Jumani

MVA NAME & SIGNATURE
DATE : 5/10/21

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

821R

Owner ID:

Vehicle Details

SHC8688C

Vehicle No.:

No

Vehicle to be Exported:

11 Oct 2021

Intended Deregistration Date:

HYUNDAI

Vehicle Make:

I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Vehicle Model:

Blue

Primary Colour:

2015

Manufacturing Year:

D4FDGU706463

Engine No.:

KMHLB41UMGU083126

Chassis No.:

100.0 kW (134 bhp)

Maximum Power Output:

\$20,941.00

Open Market Value:

07 Jan 2016

Original Registration Date:

07 Jan 2016

First Registration Date:

0

Transfer Count:

\$21,318.00

Actual ARF Paid:

Intended PARF Rebate Details

Yes

PARF Eligibility:

06 Jan 2024

PARF Eligibility Expiry Date:

\$14,922.00

PARF Rebate Amount:

Intended COE Rebate Details

06 Jan 2024

COE Expiry Date:

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

COE Category:

8

COE Period(Years):

\$45,307.00

PQP Paid:

\$12,666.00

COE Rebate Amount:

\$27,588.00

Total Rebate Amount:

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 11 Oct 2021

OK

Date/Time: 05.10.2021 09:14

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4126401

JC NO305489379

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

REGN NO: SHC8688C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN 04.10.2021 15:10
YR OF MANU. 07.01.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU083126	COMPLETION DATE/TIME:

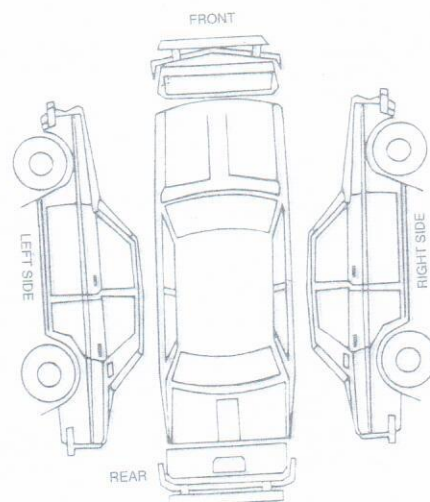
DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 03.10.2021
ATURE: 3P.03.10.2021

NO LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: **SHC8688C**

JU NTUC

Vehicle No.:

SHC8688C

Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

turned to Service Reception upon collection

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	04/10/2021 19:28 (SGT)
Date of Accident	03/10/2021 18:55 (SGT)
Exact Location of Accident	Tampines North Drive 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8688C
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) +65-81861869
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	CHUA MUI HONG
NRIC No	SXXXX460D

Date-Of Birth	02/11/1959
Occupation	Outdoor
Date Of Driving Pass	02/10/1979
Driving experience	42 YEARS
Gender	Male
Mobile Number	(Phone) +65-81861869
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 211 PASIR RIS STREET 21 #02-252
Address complement	-
Postcode	510211
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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

PASSENGER 3

Name	PASSENGER CHILD
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 03/10/2021 AT ABOUT 1855HRS I WAS DRIVING MY VEHICLE A (SHC8688C) ALONG TAMPINES NORTH DRIVE 2 TURNING LEFT ONTO TAMPINES LINK. I STOPPED MY VEHICLE A AT THE GIVE WAY LINES. VEHICLE B (SJN1453C) THEN REAR ENDED MY STATIONARY VEHICLE A. CHECK WITH PASSENGERS THEY ARE NOT INJURED AT THAT POINT OF TIME. NO PARTICULARS EXCHANGED

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
Was there any audio recorded?

FILE IS NOT SUITABLE
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN1453C
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)	-

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

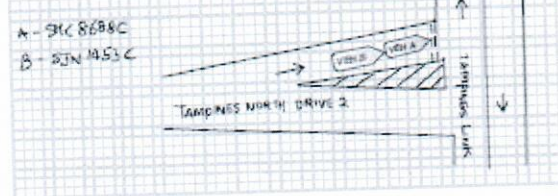
- Please report accurately the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and the Authorised Person.
- Information provided must be as accurate and complete as possible. Any willful misrepresentation or withholding of relevant facts may allow Insurers to repudiate the policy liability.
- The issue and acceptance of this Form by Insurers' representatives is not an admission of policy liability on the part of the Insurers' companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the Insurers of the RIA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will be a law on record available upon application by interested parties.
- 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 amongst:
- Consent under the Personal Data Protection Act (PDPA):
 - Understand, acknowledge, agree and consent that:
 - My Insurer, my relationship and the General Insurance Association of Singapore (GIAS) may be 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 processed by my Insurer (collectively the "Personal Information") and disclose and/or transfer such Personal Information to all Insurers(s) who have issued policies involved in this accident (all Insurers(s) who have issued policies involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law enforcement firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - verifying and/or dealing with my instructions or responding to any enquiries by me;
 - administering my claims (including the routing 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 the external cover of non-accidental packages; and/or
 - complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - collectively the "Purposes";
 - All Insurers(s) who have issued policies involved in this accident and the Insurers' law enforcement firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above purposes; and
 - my Personal Information may also be disclosed by any of the Insurers and/or GIAS to other third party service providers or agents (including their respective firms), which may be based outside of Singapore, for one or more of the above purposes.

Insurer's signature / Date & Time

Driver's signature of driver is not the policyholder / Date & Time

Validated by Reporting Centre Insurer

Sketch Plan



Describe Circumstances of the Accident

ON 03/10/2021 AT ABOUT 1855HRS I WAS DRIVING MY VEHICLE A SHC8688C ALONG TAMPINES NORTH DRIVE 2 TURNING LEFT ONTO TAMPINES LINK. I STOPPED MY VEHICLE A AT THE GIVE WAY LINES. VEHICLE B SJN1453C THEN REAR ENDED MY STATIONARY VEHICLE A. CHECK WITH PASSENGERS THEY ARE NOT INJURED AT THAT POINT OF TIME. NO PARTICULARS EXCHANGED

Declaration

I/We declare the foregoing particulars are true to the best of my/our knowledge.

Witness's Signature / Date & Time

Driver's Signature of above is at the police station / Date & Time

Witnessed by Reporting Constable

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SJN1453C

Date of Accident

03/10/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance NTUC Income Insurance Co-op...

Period of Insurance 05/02/2021 - 04/02/2022

Requested By Huang Xiao Yan (COMFORTDEL...

Requested Date 04/10/2021 16:27

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**