

File No: Thavan | AIG

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. 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: SHD36992 ✓ Ye Regn: 15/12/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / (ax) / Prime Mover /

Truck / Trailer or

Make: Hyundai i40 cc 1685

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

Sp.Reading: 589793 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLC11amt4097200

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. 19/10/21

D.O.I. 19/10/21 / 6/5

Survey held at

Comfort

Des. of Damages: (Ft) 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: 30901

Date/Time File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time File Return to?

2)

Report Form 1:

Form 2: 11/11/16

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Insp (\$ _____)

☐ W/A - 1st (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Fuel:

Follow:

Total:

Vehicle No. : SHD3699Z

Make : HYUNDAI

Make : HYUNDAI

Model : 1-40

Date: 19/10/2021

Insurance: AIG

MVA: MS. LOKE YY

LLS.

Nett / nec

560

500

20	
20	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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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.

Thư viện @Chhayto.com

82235769

19/10/21 1615

L/S after repair photo

3 days up

LKK Auto Consultants hence notify
the Repairer of the following:

- To resume 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

821R

Owner ID:

Vehicle Details

SHD3699Z

Vehicle No.:

No

Vehicle to be Exported:

28 Oct 2021

Intended Deregistration Date:

HYUNDAI

Vehicle Make:

I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Vehicle Model:

Blue

Primary Colour:

2016

Manufacturing Year:

D4FDGU694115

Engine No.:

KMHLB41UMHU097200

Chassis No.:

100.0 kW (134 bhp)

Maximum Power Output:

\$19,829.00

Open Market Value:

15 Dec 2016

Original Registration Date:

15 Dec 2016

First Registration Date:

0

Transfer Count:

\$19,829.00

Actual ARF Paid:

Intended PARF Rebate Details

Yes

PARF Eligibility:

14 Dec 2024

PARF Eligibility Expiry Date:

\$14,871.00

PARF Rebate Amount:

Intended COE Rebate Details

14 Dec 2024

COE Expiry Date:

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

COE Category:

8

COE Period(Years):

\$41,017.00

PQP Paid:

\$16,030.00

COE Rebate Amount:

\$30,901.00

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 28 Oct 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	19/10/2021 15:27 (SGT)
Date of Accident	19/10/2021 09:15 (SGT)
Exact Location of Accident	Tanjong Rhu Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3699Z
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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) +65-97836900
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	SANDRA SEKARAN
NRIC No	SXXXX781I

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

26/03/1965

Outdoors

04/02/1987

34 YEARS AND 8 MONTHS

Male

(Phone) +65-97836900

fleetsafety@cdgtaxi.com.sg

BLK 353 ANG MO KIO STREET 32 #20-139

560353

No

Hirer

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
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
No
Yes
2
No

PASSENGER 1

Name
Gender

PASSENGER
Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

ON 19/10/2021 AT ABOUT 0915HRS I WAS DRIVING MY VEHICLE A (SHD3699Z) ALONG TANJONG RHU ROAD. NEAR TANJONG RIA CONDO VEHICLE B (SJH8421E) FROM MY LEFT FAILED TO STOP AT STOP LINE. AS I WAS TRYING TO AVOID COLLISION VEHICLE B RIGHT REAR DOOR SIDE COLLIDED WITH MY VEHICLE A FRONT RIGHT. AFTER IMPACT MY NECK, BACK AND RIGHT HAND FEEL PAIN. WILL CONSULT DOCTOR LATER

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes
Yes
FILE IS NOT SUITABLE
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer

SJH8421E
-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97858267
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SANDRA SEKARAN
Gender	Male
Phone No	(Phone) +65-97836900
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK,BACK,HAND
Injured person in which vehicle?	SHD3699Z
Were seat belts worn?	Yes
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 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' 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 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' 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

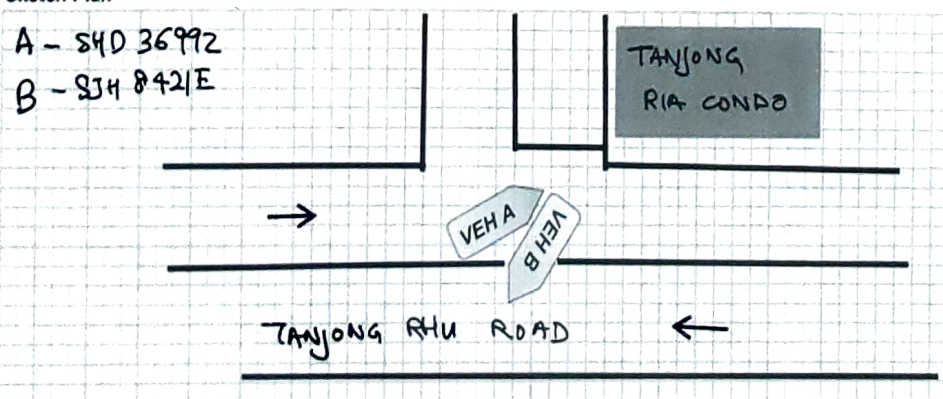
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & 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 19/10/2021 AT ABOUT 0915HRS I WAS DRIVING MY VEHICLE A SHD3699Z ALONG TANJONG RHU ROAD. NEAR TANJONG RIA CONDO VEHICLE B SJH8421E FROM MY LEFT FAILED TO STOP AT STOP LINE. AS I WAS TRYING TO AVOID COLLISION VEHICLE B RIGHT REAR DOOR SIDE COLLIDED WITH MY VEHICLE A FRONT RIGHT. AFTER IMPACT MY NECK, BACK AND RIGHT HAND FEEL PAIN. WILL CONSULT DOCTOR LATER

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 19-10-2021 1053HRS

Witnessed by Reporting Centre Personnel Kym Yong

RE: DOA 19.10.2021 SHD3699Z with your insured SJH8421E

AIG SGP, Claims-Survey <AIGSGP_ClaimsSurvey@aig.com>

Tue 19/10/2021 1:21 PM

To: Loke Wei Yieng <LokeWY@sparkcarcare.com>

CAUTION : This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment unless you know the sender.

Hi YY,

We'll appoint LKK to conduct survey.

Thanks.

AIG Claims Survey

From: Loke Wei Yieng <LokeWY@sparkcarcare.com>

Sent: Tuesday, October 19, 2021 1:02 PM

To: AIG SGP, Claims-Survey <AIGSGP_ClaimsSurvey@aig.com>

Subject: [EXTERNAL] DOA 19.10.2021 SHD3699Z with your insured SJH8421E

This message is from an external sender; be cautious with links and attachments.

Hi officer in-charge,

Herewith repair estimate and Insurance search of your client.

Save as to costs,

Kindly arrange to pre-inspection vehicle at 59 Loyang Drive (S)508969 4th floor ASAP, SAS report will be provided once it ready.

Best regards,

Ms. Loke YY
Loyang Accident Repair
ComfortDelgro Engineering Pte Ltd
DID: 62148355

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4131480

JC NO:305491373

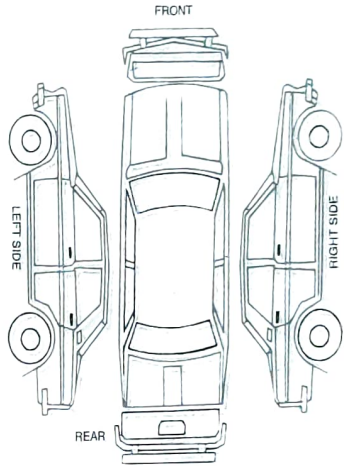
OMER
IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
TESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)
OUNT CARD NO.

REGN NO: SHD3699Z	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL I-40	DATE/TIME IN 19.10.2021 09:45
YR OF MANU. 15.12.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU097200	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 19.10.2021
ATURE: 3P 19.10.2021

NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledge Slip

Exit Pass

No.: SHD3699Z YY

Vehicle No.: SHD3699Z

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard