

REC BY: Thavan 1 nfac NS/INC21010868/Vtc

ASSIGNMENT

From: Date: Estimated Cost: OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

ol

Insured:

Policy No.

Claims No. MT/1147815 -002

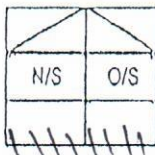
Sum Insured: Excess:

(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 Rpt: 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: S41D3223M Yr Rogn: 30/6/16 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Primo Mover /

Truck / Trailer or

Make: Hyundai i40 c.c 1685

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

Sp.Reading: 726851 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: kmHLBulumGuo9/601

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. 13/10/21 D.O.I. 14/10/21 1615

Survey held at Comfort

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooltop or

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

Date / Time	Action / Instruction
	rebate: 25784
	FINALISE AT LUMP SUM \$1100.2DAYS
	RED: 1,001.33;47%

Once/Time, File Pass to?

☐ : Proli, Report

1)

☐ : Final Report

Once/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trlp:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Wsel end (\$

Survey Fee:

Transportation:

___ \$ + RS. ___ \$

Prints

Others

Total

Report Form:

Form 1/1/1/1

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

LKK -

DATE: 14.10.21

3P INSURANCE: NTUC

MODEL: HYUNDAI I40

SURVEYOR: NA

VEH NO.: SHD3223M

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Rear Bumper	1		\$553.00 (ut
	Rear Bumper Reinforcement	1		\$428.40 ^.
	Rear Bumper Clip (10 pcs)	10	\$2.20	\$22.00 nrc
	Rear Bumper Side Bracket RH/LH	2	\$80.30	\$160.60 XSC
	Rear Bumper Sponge	1		\$119.50 ^.
	Rear Bumper Under Cover	1		\$228.00 /scr
	SPARE PARTS SUB TOTAL			\$1,511.50
	LESS 20%			\$302.30
	DISCOUNTED SPARE PARTS TOTAL			\$1,209.20
	Reverse Sensor	1		\$135.70 (ut
	S/NETT SUB			\$135.70
	LESS 10%			\$13.57
	S/NETT TOTAL			\$122.13
	Rear Bumper Mat	1		\$50.00 nrc
	NETT TOTAL			\$50.00
	SPARE PARTS & OTHERS TOTAL			\$1,381.33
	Panel Beating			\$300.00 280
	Spray Painting Charge			\$300.00 250
	Remove/Refix Reverse Sensor			\$120.00 30
	LABOUR TOTAL			\$720.00
	ESTIMATE TOTAL			\$2,101.33

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.

Thuan @ Lkhauto.com
82235769
14/10/21 1615
2days wp
C/S after repair photo

- 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.:	SHD3223M
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDGU652951
Chassis No.:	KMHLB41UMGU091601
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,990.00
Original Registration Date:	30 Jun 2016
First Registration Date:	30 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$18,990.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2024
PARF Rebate Amount:	\$13,293.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jun 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,164.00
COE Rebate Amount:	\$12,491.00
Total Rebate Amount:	\$25,784.00
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 21 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	14/10/2021 12:39 (SGT)
Date of Accident	13/10/2021 17:45 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3223M
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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) +65-97472775
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	HO LIANG QWEE
NRIC No	SXXXX954E

Date Of Birth	25/06/1951
Occupation	Outdoor
Date Of Driving Pass	07/05/1971
Driving experience	50 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97472775
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	27 LORONG 7 REALTY PARK
Address complement	-
Postcode	536785
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	Collided into Motorcyclist
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)	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 13/10/2021 AT ABOUT 1745HRS I WAS DRIVING MY VEHICLE A (SHD3223M) FROM THE TURNING LEFT ONTO PASIR RIS DRIVE 12. AT THE SLIP ROAD I SLOWED DOWN AND VEHICLE B (FBF1692R) REAR ENDED MY VEHICLE A. HE FELL OVER AND GOT UP HIMSELF. NO BLEEDING ON HIM. AMBULANCE CAME AND ATTENDED TO HIM BUT HE WAS NOT CONVEYED. 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	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF1692R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-

Contact Number	(Phone) +65-83324985
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.
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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' 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

A - SHD 3223 M
B - FBF 1692 R

TPE (B) VEH A

PASIR RIS DRIVE 12

Describe Circumstances of the Accident

ON 13/10/2021 AT ABOUT 1745HRS I WAS DRIVING MY VEHICLE A SHD3223M FROM TPE TURNING LEFT ONTO PASIR RIS DRIVE 12. AT THE SLIP ROAD I SLOWED DOWN AND VEHICLE B FBF1692R REAR ENDED MY VEHICLE A. HE FELL OVER AND GOT UP HIMSELF. NO BLEEDING ON HIM. AMBULANCE CAME AND ATTENDED TO HIM BUT HE WAS NOT CONVEYED. PARTICULARS EXCHANGED

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

Date/Time: 14.10.2021 10:59

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4129817

JC NO305490583

OMER

S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

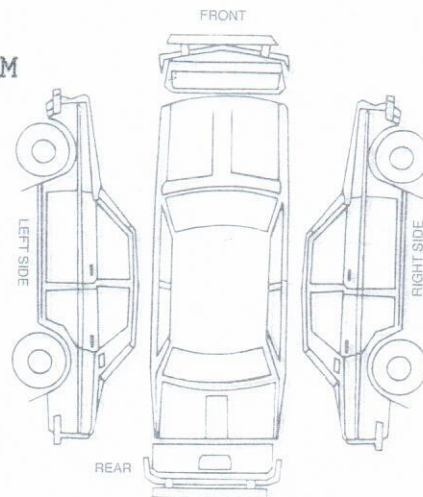
DUNT CARD NO.

REGN NO: SHD3223M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 13.10.2021 19:00
YR OF MANU. 30.06.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU091601	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 13.10.2021
NATURE: 3P 13.10.2021

NO LABOR CODE DESCRIPTION
00010 PB LUMPSUM REPAIR-SHD3223M



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHD3223M

LIMITS

Vehicle No.:

SHD3223M

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard