

REQ BY: Thevan

REG

Ntuc

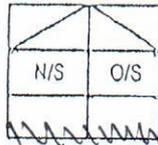
NS/INC21010869/Vvc

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop n/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: **FBC 3930G**  
 Policy No: \_\_\_\_\_  
 Claims No: **MT/1147775-002**  
 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 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: **S1A1780A** ✓ Yr Regn: **1111 117**  
 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: **513203** T/Radlo: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **km1k1341umt14098221**  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Good / Jammed / Leaked / Burnt or  
 Brake: Good / Jammed / Leaked / Burnt or  
 Modi: Nil / (S/R)Im / 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 R/Bal. 5 mm Rear R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 13/10/21 D.O.I. 14/10/21 1630  
 Survey held at **comfort**  
 Des. of Damages : Frt / Rear / O/S / N/S / UIC / Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	rebate: 31482
22/10/21	Thevan confirmed LS \$1050 (Red 796.32, 43%)

Case/Time. File Pass to?  : Prel. Report  
 : Final Report  
 Date/Time. File Return to?

Days Of Repair: 2  
 Resurvey No. of Trlp: 1

25/10/21-typist

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

Survey Fee:

Transportation:	_____ \$ + RS. _____ \$
Prints	_____ \$
Others	_____ \$
TOTAL	_____ \$

Request Form: TP  
 Loss Sum (L.S.): **LS \$1050**

HTUC- (4sum)

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 14.10.2021  
Time: 14:26:37  
Page: 1  
Jumani

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

JOB NO : 305490585  
REGN NO : SHA1780A ✓  
MILEAGE : 000000000 ✓  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 11.01.2017  
DATE/TIME IN : 14.10.2021 11:30  
ACCIDENT DATE : 13.10.2021

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	✓/cat
0002	04-01-0103-0738-G	COVER-RR BUMPER LWR#	1	228.00	20.00	182.40	✓/scr
0003	04-01-0103-0740-G	BEAM-RR BUMPER#	1	428.40	20.00	342.72	?
0004	04-01-0103-0739-G	ABSORBER-RR BUMPER ENERGY	1	103.50	20.00	82.80	?
0005	04-01-0101-0111-G	BUMPER COVER CLIP REAR	10 L	20.00	20.00	16.00	✓ncc

SUB-TOTAL : 1,066.32

JOB NATURE

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

SUB-TOTAL : 730.00

Thuvan@lkhauto.com  
82235769  
14/10/21 1630  
2clays up  
L/S for 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

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	821R
<b>Vehicle Details</b>	
Vehicle No.:	SHA1780A
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.:	D4FDGU705753
Chassis No.:	KMHLB41UMHU098221
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,165.00
Original Registration Date:	11 Jan 2017
First Registration Date:	11 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$20,231.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Jan 2025
PARF Rebate Amount:	\$15,173.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	10 Jan 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$40,516.00
COE Rebate Amount:	\$16,309.00
<b>Total Rebate Amount:</b>	<b>\$31,482.00</b>
<b>Message</b>	
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

am: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 4129856

JC NO305490585

OMER

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

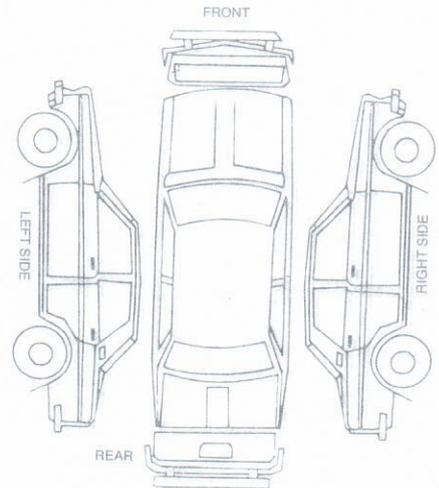
REGN NO.: <b>SHA1780A</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>I-40</b>	DATE/TIME IN <b>14.10.2021 11:30</b>
YR OF MANU. <b>11.01.2017</b>	TARGET DATE
CHASSIS CODE <b>KMHLB41UMHU098221</b>	COMPLETION DATE/TIME:

IDENTIFICATION CARD NO.

JOB DESCRIPTION

Accident Date: 13.10.2021  
Accident Time: 3P.13.10.2021

NO LABOR CODE DESCRIPTION



REMOVED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

Vehicle No.: **SHA1780A**

**JU NTUC**

Vehicle No.:

**SHA1780A**

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

# 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 17:19 (SGT)
Date of Accident	13/10/2021 16:15 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 10, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1780A
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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) +65-98671928
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	SIEOW YEW LEE
NRIC No	SXXXX931G

Occupation .....	Outdoor
Date Of Driving Pass .....	29/12/1979
Driving experience .....	41 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98671928
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 428B YISHUN AVENUE 11 #05-166
Address complement .....	-
Postcode .....	762428
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 - 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? .....	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 13/10/2021 AT ABOUT 1615HRS I WAS DRIVING MY VEHICLE A (SHA1780A) ON THE MOST LEFT LANE OF ANG MO KIO AVENUE 10 TOWARDS AVENUE 1. SLOWED DOWN AND ON MY HAZARD LIGHTS NEAR LAMP POST 14 INTENDING TO PICK A ROAD FLAG PASSENGER. VEHICLE B (FBC3930G) THEN REAR ENDED MY VEHICLE A. VEHICLE B RIDER FELL OVER TO HIS RIGHT SIDE. BEFORE I COULD GET DOWN MY VEHICLE A, THE RIDER RAN OVER TO MY SIDE AND CONFRONT ME. HE THEN CALLED THE TRAFFIC POLICE AND AMBULANCE BUT HE WAS NOT CONVEYED. THE ROAD FLAG PASSENGER MR WANG HANDPHONE 91043691 VOLUNTEER TO BE WITNESS IF NECESSARY

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 .....	FBC3930G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Name of Driver .....	-
Contact Number .....	(Phone) +65-88799872
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 .....	RIDER
Gender .....	Male
Phone No .....	(Phone) +65-88799872
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBC3930G
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

**WITNESS DETAILS**

WITNESS 1

Name .....	MR WANG
Phone .....	(Phone) +65-91043691
Email .....	-

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' 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

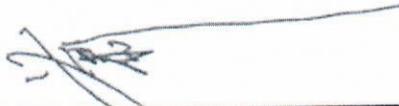
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

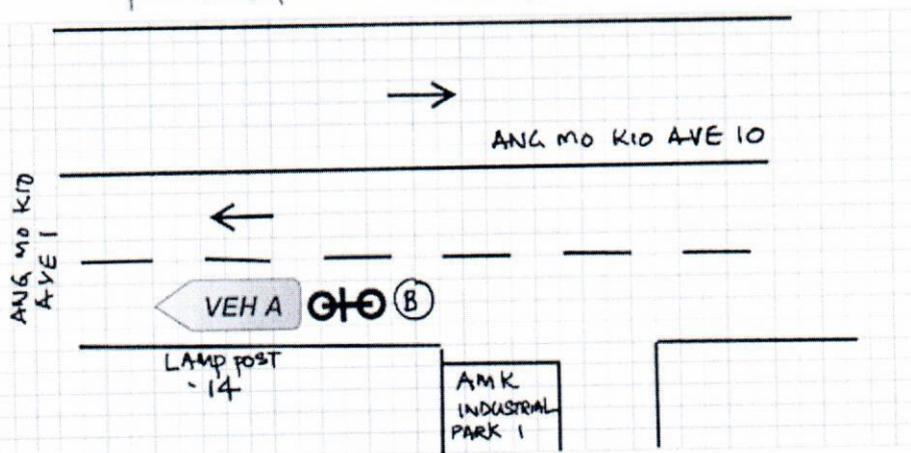
  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

14.10.2021

1215HRS

**Sketch Plan**

A - SHA 1780A  
B - PBC 3930G



Describe Circumstances of the Accident

ON 13/10/2021 AT ABOUT 1615HRS I WAS DRIVING MY VEHICLE A SHA1780A ON THE MOST LEFT LANE OF ANG MO KIO AVENUE 10 TOWARDS AVENUE 1. SLOWED DOWN AND ON MY HAZARD LIGHTS NEAR LAMP POST 14 INTENDING TO PICK A ROAD FLAG PASSENGER. VEHICLE B FBC3930G THEN REAR ENDED MY VEHICLE A. VEHICLE B RIDER FELL OVER TO HIS RIGHT SIDE. BEFORE I COULD GET DOWN MY VEHICLE A , THE RIDER RAN OVER TO MY SIDE AND CONFRONT ME. HE THEN CALLED THE TRAFFIC POLICE AND AMBULANCE BUT HE WAS NOT CONVEYED. THE ROAD FLAG PASSENGER MR WANG HANDPHONE 91043691 VOLUNTEER TO BE WITNESS IF NECESSARY

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  
14.10.2021 1225HRS

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
Kyan' Yong