

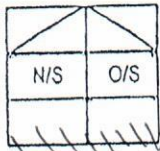
REQ BY: Thevan | REF: ntuc NS/INC21011068/Vuc

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SHB 2311J
 at Workshop m/s _____
 of _____
 Insured: SMJ 316H
 Policy No. _____
 Claims No. MT/1149640-001
 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: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 2311J ✓ Yr Regn: 25/8 1/6
 Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai i40 c.c. 1685
 Colour: yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 574246 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: km+LB41umGu093540
 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 Westlatic
 Front: _____ Rear: _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 18/10/21 D.O.I. 18/10/21 1730
 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
	<u>rebate: 27657</u>
	<u>Confirmed L/S \$850, 2 repair days</u>
	<u>(RED \$260; 23%)</u>

Date/Time, File Pass to? ☐ : Prelim. Report
 1/11 TYPIST ☐ : Final Report
 Date/Time, File Return to? _____

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

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : V/S & Etc (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + RS. \$ _____
 Extras _____
 Others _____
 Total _____

Request Fee: TP
\$850

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHB2311J ✓

Make : HYUNDAI ✓

Model : I-40

Date: 18/10/2021

Insurance: NTUC

MVA: MS. Y Y

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			\$553.00 ✓ cut
1	REAR BUMPER CLIPS			\$22.00 ✓ nec
	SUB TOTAL			\$575.00
	LESS 20%			\$115.00
	DISCOUNTED TOTAL			\$460.00
1	REAR BUMPER RUBBER MAT			\$50.00
				\$50.00 Net ✓ nec
	Labour Charge			
	PANEL BEATING			\$300.00 280
	SPRAY PAINTING CHARGE			\$300.00 250
	TOTAL LABOUR			\$600.00
	ESTIMATE TOTAL			\$1,110.00

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

822 35769

18/10/21 1730

L/S after repair photo

2 days wp

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:	839G

Vehicle Details

Vehicle No.:	SHB2311J
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	D4FDGU670625
Chassis No.:	KMHLB41UMGU093540
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:	\$14,555.00
Total Rebate Amount:	\$27,657.00

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 27 Oct 2021

OK

Date/Time: 18.10.2021 15:20

Page : 1

Job: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4130653

JC NO305491255

CUSTOMER

REGN NO.:

SHB2311J

MILEAGE

IS CITYCAB PTE LTD

MAKE:

HYUNDAI

FUEL

CUSTOMER NO. 7010070

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

MODEL

I-40

DATE/TIME IN 18.10.2021 11:45

(R) 65551188 (O)

YR OF MANU.

25.08.2016

TARGET DATE

(P)

CHASSIS CODE

KMHLB41UMGU093540

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

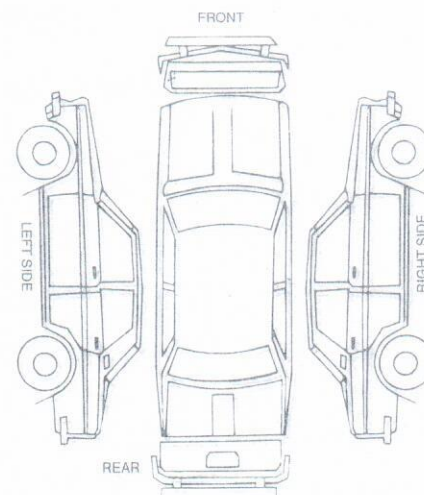
Accident Date: 18.10.2021

ATURE: 3P 18.10.2021

NO

LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Damage Slip

Exit Pass

No.: **SHB2311J**

YY

Vehicle No.:

SHB2311J

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	18/10/2021 22:36 (SGT)
Date of Accident	18/10/2021 11:00 (SGT)
Exact Location of Accident	Marine Parade Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2311J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-92369359
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/P2419140
Cover Note Number	-

DRIVER

Name of Driver	CHUA BAN HOCK
NRIC No	SXXXX271C

Occupation	Outdoor
Date Of Driving Pass	27/10/1977
Driving experience	44 YEARS
Gender	Male
Mobile Number	(Phone) +65-92369359
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 145 KIM KEAT AVENUE
Address complement	#11-164
Postcode	310256
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	Collided into Parked Vehicle
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 18/10/2021 AT ABOUT 1100HRS I WAS LOADING GROCERIES FOR MY PASSENGER INTO MY VEHICLE A SHB2311J AT MAINE PARADE CENTRAL (NTUC) . SUDDENLY VEHICLE B SMJ316H ON MY RIGHT SIDE SWIPE HIS VEHICLE B FRONT LEFT ONTO MY STATIONARY VEHICLE A RIGHT REAR. NO ONE WAS INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

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	SMJ316H
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	JIMMY TAY CHEE SEN

Contact Number	-
Address	-
Address complement	8 KERIS DRIVE
Postcode	456971
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT 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:

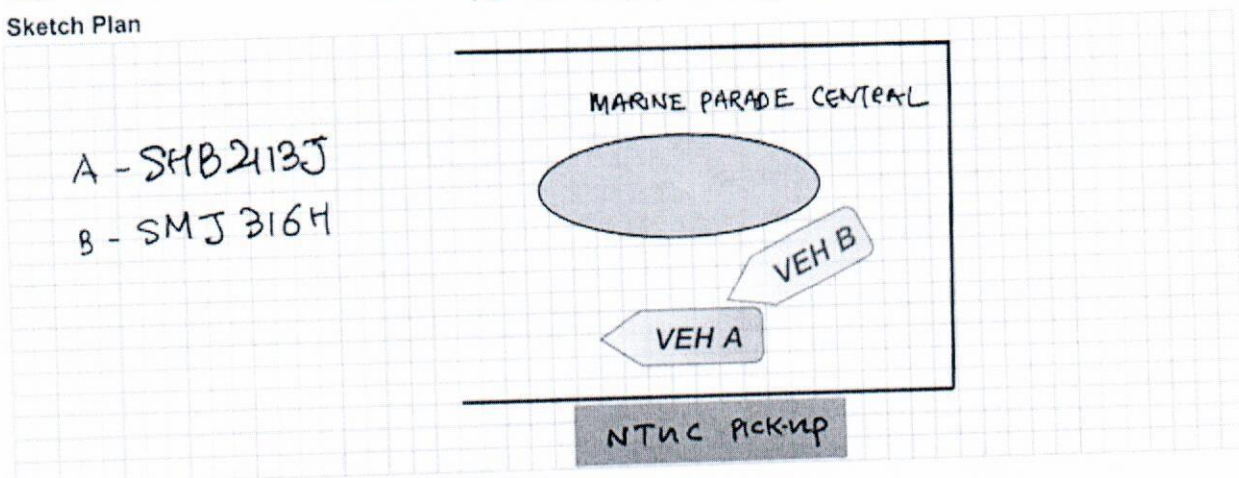
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

Sketch Plan

Describe Circumstances of the Accident

ON 18/10/2021 AT ABOUT 1100HRS I WAS LOADING GROCERIES FOR MY PASSENGER INTO MY VEHICLE A SHB2311J AT MAINE PARADE CENTRAL (NTUC) . SUDDENLY VEHICLE B SMJ316H ON MY RIGHT SIDE SWIPE HIS VEHICLE B FRONT LEFT ONTO MY STATIONARY VEHICLE A RIGHT REAR. NO ONE WAS INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

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

18-10-2021 1340HRS

Witnessed by Reporting Centre
Personnel

Ngan Yoy