

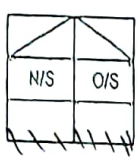
Thavan

NS/INC21011182/Vvc

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD/TP/WS/TPRES/ODRES/EVA/INV/MV
To Inspect Vehicle No: _____
at Workshop m/s: _____
ol: _____
Insured: SLT 1083G
Policy No: _____
Claims No: MT/1149364-002
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: SHD3589H ✓ Yr Regn: 13/10/16
Type: M. Car / M. Cycle / Bus / Van / Lorry / Car / Prime Mover /
Truck / Trailer or
Make: Hyundai i40 c.c. 1685
Colour: blue NC: Insured / Std / NI / NA
Sp. Reading: 521613 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: hmtlbc41umt4095428
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: Nil / (S/R) / STD A/R/m or
Tyro 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. 27/10/21 D.O.I. 28/10/21 1600
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
	rebate: 28587
8/11/21	Thavan confirmed LS \$900 (Red 1077.30, 54%)

Case/Time File Pass to? ☐ : Proll. Report
1) ☐ : Final Report

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

Date/Time File Return to?
8/11/21-typist

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : V/A & Land (\$)

Survey Fee:	
Transportation:	
S + RS	\$
Photos	
Office	
Trav. Exp.	

Request Formed: TP
Loss Sum / P.B.J.: LS \$900

REPAIR ESTIMATE*

VEHICLE NO SHD3589h ✓

27/10/21

MAKE REG: 13.10.2016

MODEL HYU- I40

Type

CHIANG/ NTUC

Qty	Parts Description/ Labour	Unit Price	Amount
1	REAR BUMPER COVER		\$553.00
10	REAR BUMPER CLIPS	\$2.20	\$22.00
1	REAR BUMPER REINFORCEMENT <i>photo</i>		\$428.40
1	REAR BUMPER UNDER COVER		\$228.00
	SUB TOTAL		\$1,231.40
	20.00%		\$246.29
	DISCOUNTED TOTAL		\$985.17
1	REAR REVERSE SENSOR		\$135.70
1	REAR BUMPER PROTECTOR		\$50.00
			\$172.13
	Labour Charge		
	Panel Beating		\$420.00
	Spray Painting Charge		\$300.00
	Remove/refix reverse sensor		\$60.00
	Check Lighting & Wiring		\$40.00
	TOTAL LABOUR		\$820.00
	ESTIMATE TOTAL		\$1,977.30
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.			

Theruan@Lkhauto.com
82235769

28/10/21 1600

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:

Date/Time: 28.10.2021 08:22

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4134881

JC NO 305492405

CUSTOMER

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

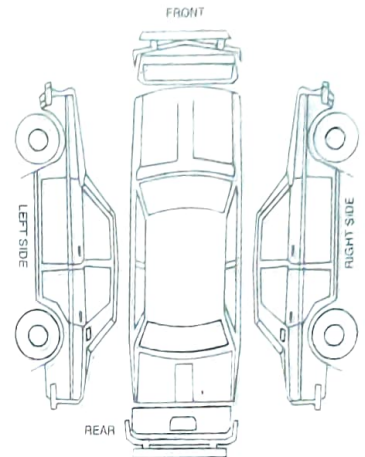
REGN NO. SHD3589H	MILEAGE
MAKE HYUNDAI	FUEL E. 1/2 F.
MODEL I-40	DATE/TIME IN 27.10.2021 15:25
YR OF MANU. 13.10.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU095428	COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 27.10.2021
NATURE: 3P27.10.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Vehicle No.: SHD3589H CHIANG

Vehicle No.: SHD3589H

Signature of 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	28/10/2021 14:51 (SGT)
Date of Accident	27/10/2021 14:05 (SGT)
Exact Location of Accident	Cuscaden Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3589H
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) +65-91004411
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	LEE HOI MUN
NRIC No	SXXXX829C

Occupation	Outdoor
Date Of Driving Pass	05/01/1982
Driving experience	39 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91004411
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 645 JALAN TENAGA
Address complement	#08-99
Postcode	410645
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
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 THE 27/10/2021 AT ABOUT 1405 HOURS, I WAS DRIVING VEHICLE A (SHD3589H) EXITING CUSCADEN ROAD BUT STATIONARY WAITING FOR ONCOMING TRAFFIC FROM THE LEFT WHEN SUDDENLY VEHICLE B (SLT1083G) REAR ENDED ME. NOBODY IS INJURED.

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	SLT1083G
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta

Vehicle Colour	Blue
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-98580111
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
- 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

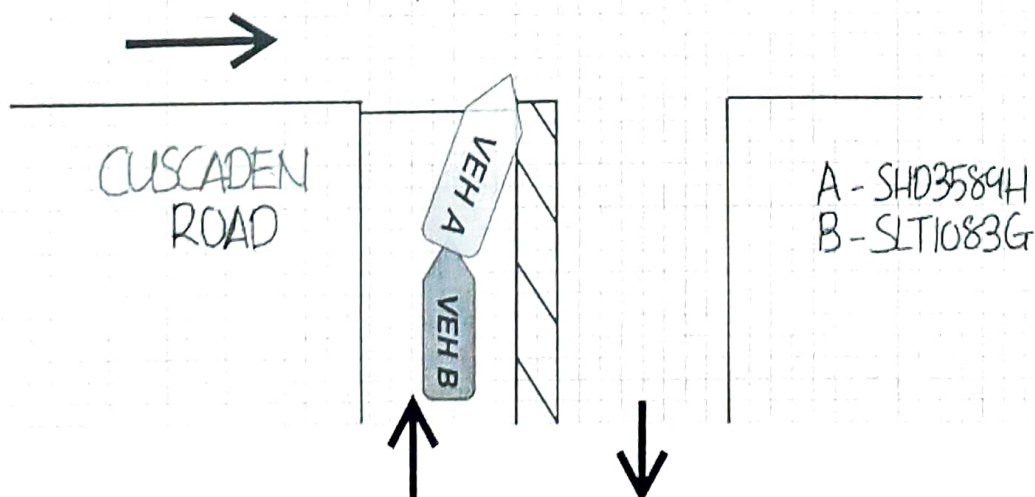
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 27/10/2021 AT ABOUT 1405 HOURS, I WAS DRIVING VEHICLE A (SHD3589H) EXITING CUSCADEN ROAD BUT STATIONARY WAITING FOR ONCOMING TRAFFIC FROM THE LEFT WHEN SUDDENLY VEHICLE B (SLT1083G) REAR ENDED ME. I SUFFERED NECK AND BACK PAIN.

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

27/10/21

1555

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

821R

Owner ID:

Vehicle Details

SHD3589H

Vehicle No:

No

Vehicle to be Exported:

01 Nov 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:

D4FDGU684303

Engine No:

KMHLB41UMHU095428

Chassis No:

100.0 kW (134 bhp)

Maximum Power Output:

\$18,908.00

Open Market Value:

13 Oct 2016

Original Registration Date:

13 Oct 2016

First Registration Date:

0

Transfer Count:

\$18,908.00

Actual ARF Paid:

Intended PARF Rebate Details

Yes

PARF Eligibility:

12 Oct 2024

PARF Eligibility Expiry Date:

\$13,235.00

PARF Rebate Amount:

Intended COE Rebate Details

12 Oct 2024

COE Expiry Date:

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

COE Category:

8

COE Period(Years):

\$41,687.00

PQP Paid:

\$15,352.00

COE Rebate Amount:

\$28,587.00

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 01 Nov 2021

OK