

08/11/13) wef

ASS. REC. BY: Rasmu

REF:

CC4/ALH 21011662/Rip 3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: SHB 3245K

at Workshop m/s

COMFORTof 501, 604 m/s DR

Insured:

ALH

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SHB 3245K

Yr Regn:

2011/20N

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai I40 1.7 CRDI

c.c

1685

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

573955

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH LB41UMH 098347

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:

205/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

WHEELS

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

15/11/21

D.O.I.

16/11/21

Survey held at

COMFORT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S REAR

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

Prel. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) S + RS SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Effective Date: 1 Nov 2020

LKK -

INSURANCE: AIG ASIA (4S)MVA: LIM T SDATE: 16-Nov-21MODEL: Hyundai i40VEHICLE NO.: SHB3245K - CityCab

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper <i>SC</i>	1		\$553.00
	Rear Bumper Side Bracket LH ?	1		\$80.30
	Rear Wheel Cap LH <i>SC</i>	1		\$217.40
	Rear Bumper Clips <i>SC</i>	10	\$2.20	\$22.00
	SUB TOTAL			\$872.70
	LESS 20%			\$174.54
	DISCOUNTED TOTAL			\$698.16
	Rear Wheel Tyre LH X	1		\$216.00
	SPARE PARTS TOTAL			\$914.16
	Labour Charge			
	Panel Beating			\$600.00 280
	Spray Painting Charge - Rear Fender LH			\$600.00 500
	Wheel Alignment			\$120.00 60
	R/I Reverse Sensors			\$120.00 40
	TOTAL LABOUR			\$1,440.00
	ESTIMATE TOTAL			\$2,354.16

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.

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:

Panel
Hp 900/1000 G8

3 days

4S

16/11/21 @ 1455

Reg after repair

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 578701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
205 Braddell Road Singapore 578701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

COMFORTDELGRO
ENGINEERING

Date/Time: 16.11.2021 10:10

Page : 1

JOB CARD sales Order: 4141040

JC NO 305494603

Job: ARC Repair TP(CFSO)1

Customer

CITYCAB PTE LTD

Customer NO. 7010070

Address 383 SIN MING DRIVE
Singapore SINGAPORE 575717

Phone (R) 65551188 (O)

(P)

Job Card NO.

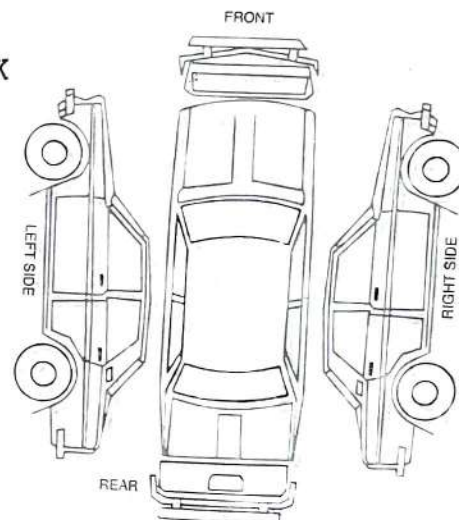
REGN NO.: SHB3245K	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 16.11.2021 08:00
YR OF MANU. 18.01.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098347	COMPLETION DATE/TIME:

Incident Date: 15.11.2021
Duration: 3P 15.11.2021/C

NO 0010 LABOR CODE PB

JOB DESCRIPTION

DESCRIPTION
PANEL BEATING-SHB3245K



Checked & Passed Out By:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

Job No.: SHB3245K

LIMITS

Vehicle No.: SHB3245K

Service Advisor

Signature/Date

Name of Service Advisor
To be kept by Security Guard

Date

→ Rasul

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	16/11/2021 11:28 (SGT)
Date of Accident	15/11/2021 21:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE/PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3245K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R 8344
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
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	1797

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	KUEK JIN HOW
NRIC No	SXXXX852Z

Date Of Birth	12/06/1961
Occupation	Outdoor
Date Of Driving Pass	05/04/1982
Driving experience	39 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98151023
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 231 COMPASSVALE WALK #02-434
Address complement	-
Postcode	540231
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	Side Swipe
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 15/11/2021 AT ABOUT 2130HRS I WAS DRIVING MY VEHICLE A SHB3245K ON THE 1ST LANE FILTERING ONTO SECOND LANE. WHEN MY VEHICLE A WAS ALMOST INSIDE 2ND LANE VEHICLE B SLS5060B FROM 3RD LANE SIDE SWIPE HIS VEHICLE B RIGHT FRONT ONTO MY VEHICLE A LEFT REAR. AFTER IMPACT I EXPERIENCE HEADACHE. 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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS5060B
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PHANG CHEE KEONG(PAN ZHIQIANG)

C No	SXXXX095F
Contact Number	(Phone) +65-97453835
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	KUEK JIN HOW
Gender	Male
Phone No	(Phone) +65-98151023
Address	BLK 231 COMPASSVALE WALK #02-434
Address Complement	-
Post Code	540231
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB3245K
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.
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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.

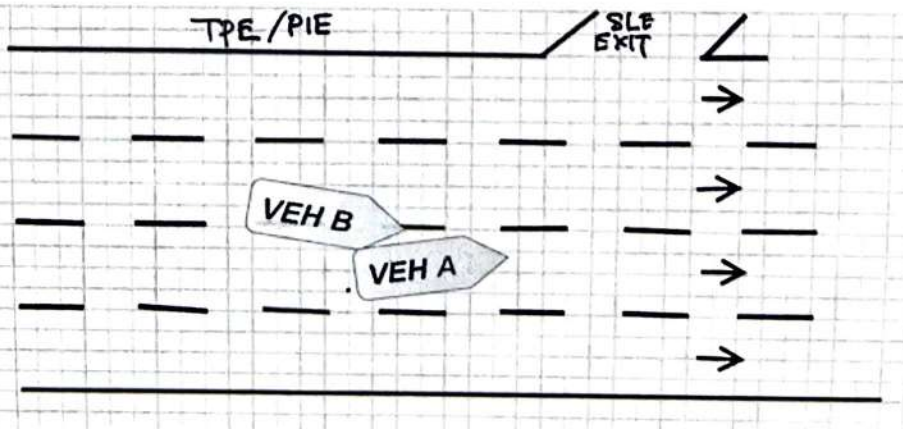
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHB 3245 K
B - SLB 5060 B



Describe Circumstances of the Accident

ON 15/11/2021 AT ABOUT 2130HRS I WAS DRIVING MY VEHICLE A SHB3245K ON THE 1ST LANE FILTERING ONTO SECOND LANE. WHEN MY VEHICLE A WAS ALMOST INSIDE 2ND LANE VEHICLE B SLS5060B FROM 3RD LANE SIDE SWIPE HIS VEHICLE B RIGHT FRONT ONTO MY VEHICLE A LEFT REAR. AFTER IMPACT I EXPERIENCE HEADACHE. 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 Control Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	839G
Vehicle No.:	SHB3245K
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Nov 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	D4FDGU707355
Chassis No.:	KMHLB41UMHU098347
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,165.00
Original Registration Date:	18 Jan 2017
First Registration Date:	18 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$20,231.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Jan 2025
PARF Rebate Amount:	\$15,173.00
COE Expiry Date:	17 Jan 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$40,516.00
COE Rebate Amount:	\$16,037.00
Total Rebate Amount:	\$31,210.00

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 17 Nov 2021

OK