

REG BY: Thuan

CC4/AIG 26/10/2020/ea3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

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: 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: SHD35120 ✓

Yr Regn: 8/9 /16

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

Truck / Trailer or

Make: Hyundai 140

C.C 1685

Colour: blue

A/C: Insured / Std / NI / NA

Sp. Reading 707250

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Rm+LB4lum60093486

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / 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

WestHate

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 26/11/21

D.O.I. 29/11/21 1630

Survey held at

Comfort

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Roof/top or

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

Date / Time

Action / Instruction

rebate: 27903

Date/Time File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Finings

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Waste and (\$

Report Form:

Line: 544 / 1.1.1

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

| | |
|----------------|---------|
| Owner ID Type: | Company |
| Owner ID: | 821R |

Vehicle Details

| | |
|-------------------------------|------------------------------------|
| Vehicle No.: | SHD3512D |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 29 Nov 2021 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | I40 1.7 CRDI F/L AT ABS AIRBAG 4DR |
| Primary Colour: | Blue |
| Manufacturing Year: | 2016 |
| Engine No.: | D4FDGU672444 |
| Chassis No.: | KMHLB41UMGU093486 |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Open Market Value: | \$18,719.00 |
| Original Registration Date: | 08 Sep 2016 |
| First Registration Date: | 08 Sep 2016 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$18,719.00 |

Intended PARF Rebate Details

| | |
|-------------------------------|-------------|
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 07 Sep 2024 |
| PARF Rebate Amount: | \$13,103.00 |

Intended COE Rebate Details

| | |
|-----------------------------|--------------------------------------|
| COE Expiry Date: | 07 Sep 2024 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$42,672.00 |
| COE Rebate Amount: | \$14,800.00 |
| Total Rebate Amount: | \$27,903.00 |

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 29 Nov 2021

OK

Date/Time: 29.11.2021 08:29

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4145925

JC NO305495980

STOMER
V/MS **COMFORT TRANSPORTATION PTE LTD**
STOMER NO. **7010045**
DRESS **383 SIN MING DRIVE**
Singapore SINGAPORE 575717
65508755 (R) (O)
(P)

| | |
|--|---|
| REGN NO.: SHD3512D | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL I-40 | DATE/TIME IN 26.11.2021 20:20 |
| YR OF MANU. 08.09.2016 | TARGET DATE |
| CHASSIS CODE KMHLB41UMGU093486 | COMPLETION DATE/TIME: |

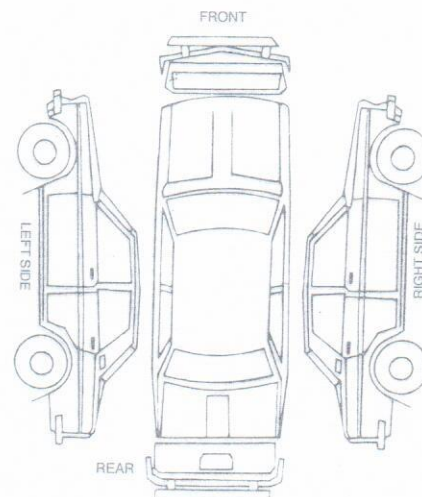
SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 26.11.2021

NATURE: 3P 26.11.2021

3/NO LABOR CODE DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: **SHD3512D** YY

Vehicle No.: **SHD3512D**

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 | 27/11/2021 09:22 (SGT) |
| Date of Accident | 26/11/2021 18:55 (SGT) |
| Exact Location of Accident | Paya Lebar Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHD3512D |
|-----------------------------|----------|

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) +65-98569853 |
| 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 | SEET SIEW KOONG RANDY |
| NRIC No | SXXXX260H |

| | | |
|---|-------|-------------|
| Vehicle Model | ..... | - |
| Vehicle Variant | ..... | - |
| Vehicle Colour | ..... | - |
| Vehicle Category | ..... | - |
| Name of Driver | ..... | Private car |
| Contact Number | ..... | - |
| 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 | ..... | SEET SIEW KOONG RANDY |
| Gender | ..... | Male |
| Phone No | ..... | - |
| Address | ..... | - |
| Address Complement | ..... | - |
| Post Code | ..... | - |
| Approximate Age Years Old | ..... | - |
| Injuries Sustained | ..... | - |
| Injured person in which vehicle? | ..... | NECK & SHOULDER |
| Were seat belts worn? | ..... | SHD3512D |
| Was this injured conveyed to hospital by ambulance? | ..... | Yes |
|  | ..... | No |

INJURED 2

| | | |
|---|-------|-----------|
| Name of injured person | ..... | PASSENGER |
| Gender | ..... | Male |
| Phone No | ..... | - |
| Address | ..... | - |
| Address Complement | ..... | - |
| Post Code | ..... | - |
| Approximate Age Years Old | ..... | - |
| Injuries Sustained | ..... | - |
| Injured person in which vehicle? | ..... | UNKNOWN |
| Were seat belts worn? | ..... | SHD3512D |
| Was this injured conveyed to hospital by ambulance? | ..... | - |
|  | ..... | No |

Describe Circumstances of the Accident

ON 26/11/21 AT ABOUT 1855HRS I WAS DRIVING VEHICLE A SHD3512D ALONG PAYA LEBAR ROAD AND WANTED TO TURN RIGHT INTO PIE TOWARDS CHANGI WITH ONE MALE PASSENGER. AS I WAS TURNING SUDDENLY VEHICLE B SKZ8066R BEAT RED LIGHT FROM OPPOSITE DIRECTION AND COLLIDED ONTO MY VEHICLE FRONT. UNABLE TO EXCHANGED PARTICULAR AND MY PASSENGER INJURED DUE TO THE IMPACT.


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


26/11/21 / 2130 hrs


Benson