

INS. REC. BY: Thevan

NS/INC21012298/Vvc

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: **FBQ 5393U**

Policy No. _____

Claims No. **MT/1153175-002**

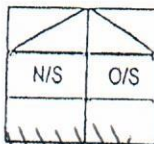
Sum Insured: _____ Excess: _____

(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. **3** 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: **SHC8679D**

Yr Regn: **7/1 116**

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 **690772**

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **HMHLB41umGu 083116**

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

Westlake

Front

Rear

R/Bal. **5** mm

R/Bal. **5** mm

L/Bal. **5** mm

L/Bal. **5** mm

D.O.A. **1/12/21**

D.O.I. **3/12/21 T600**

Survey held at

Comfort CDGR

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: 26766
	Gof BI
16/12/21	Thevan confirmed LS \$2450 (Red 2009.36, 45%)

Date/Time, File Pass to?

☐ : Prelim. Report

U

☐ : Final Report

Date/Time, File Return to?

16/12/21-typist

Days Of Repair: **3**

Resurvey No. of Trlp: **2**

Survey Fee:

Transportation:

\$ + RS. \$

Fuel

Others

Total

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Wash end (\$

Report Form: **TP**

Loss Sum / L.B.: **LS \$2450**

COMFORTDELGRO ENGINEERING PTE LTD.

REPAIR ESTIMATE*

VEHICLE NO SHC8679D

MAKE REG 06.01.2016

01/12/21

MODEL HYU- I40

CHIANG /NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			\$1,106.00
2	REAR BUMPER BRACKET SIDE (LH/RH)			\$71.20
10	REAR BUMPER CLIPS		\$35.60	\$71.20
1	REAR BUMPER UNDER COVER		\$2.20	\$22.00
1	REAR BUMPER REINFORCEMENT			\$228.00
1	BOOTLID EMBLEM i-40			\$394.80
1	BOOTLID CDRI			\$67.90
1	TAIL LAMP LH			\$52.40
2	REAR BUMPER REFLECTOR LH/RH			\$870.40
				\$32.00
				\$2,844.70
				\$568.94
				\$2,275.76
				\$50.00
				\$100.00
				\$100.00
				\$50.00
				\$135.70
				\$435.70
				\$600.00
				\$750.00
				\$50.00
				\$60.00
				\$60.00
				\$1,520.00
				\$4,231.46

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@Lthantb .com
82235769
3/12/21 1600
L/S after repair photo
3 & 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:

821R

Vehicle Details

Vehicle No.:

SHC8679D

Vehicle to be Exported:

No

Intended Deregistration Date:

03 Dec 2021

Vehicle Make:

HYUNDAI

Vehicle Model:

I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Primary Colour:

Blue

Manufacturing Year:

2015

Engine No.:

D4FDGU652921

Chassis No.:

KMHLB41UMGU083116

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$20,941.00

Original Registration Date:

07 Jan 2016

First Registration Date:

07 Jan 2016

Transfer Count:

0

Actual ARF Paid:

\$21,318.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

06 Jan 2024

PARF Rebate Amount:

\$14,922.00

Intended COE Rebate Details

COE Expiry Date:

06 Jan 2024

COE Category:

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

COE Period(Years):

8

PQP Paid:

\$45,307.00

COE Rebate Amount:

\$11,844.00

Total Rebate Amount:

\$26,766.00

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 03 Dec 2021

OK

Date/Time: 03.12.2021 09:06

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4147777

JC NO305496624

STOMER

V/MS COMFORT TRANSPORTATION PTE LTD

STOMER NO. 7010045

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

ICOUNT CARD NO.

REGN NO:

SHC8679D

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN 02.12.2021 23:30

YR OF MANU.

06.01.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU083116

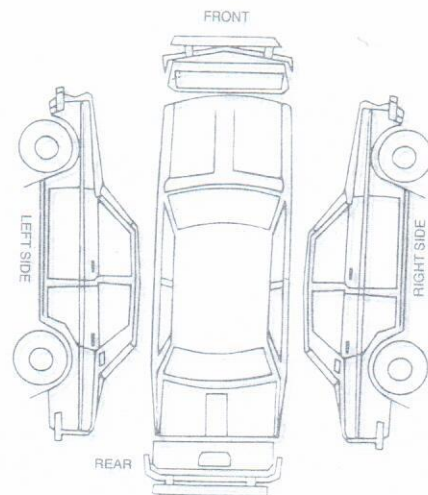
COMPLETION DATE/TIME:

Accident Date: 01.12.2021

NATURE: 3P 01.12.2021

JOB DESCRIPTION

3/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8679D

CHIANG

Vehicle No.:

SHC8679D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard



**SINGAPORE
POLICE FORCE**



T/20211202/2061

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20211202/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
G /
Sgt 3 HISYAMUDDIN BIN ABDUL
HAMID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AET SINGAPORE
Insp (1) BOONMENDIAN
Contact No.: 65476172

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
02/12/2021 15:21

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20211202/2061

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20211202/2061

CONTINUATION OF REPORT

Driver			
Name	HO PAK TAT	ID No.	S0226442J
Related Vehicle	SHC8679D (Taxi)	Contact No.	91868822
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	02/12/2021	Date Discharge	02/12/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and place, I was driving along Moulmein Road using my taxi bearing registration number SHC8679D (Comfort Delgro) to send my female passenger, whom I had picked up at Little India with the intention to drop her off at Lor 1 Toa Payoh. She was seated at the back of the passenger seat. As I was at Moulmein Road, I was on the extreme left lane wanting to enter the slip road to CTE toward SLE. However, I saw there were two vehicles ahead of me and had slowed down as there was someone crossing the zebra crossing at the slip road. As such, I slowed down my vehicle as well but I heard a loud thud from the rear. I made a check and discovered that a black BMW motorcycle bearing registration number FBQ5393U had knocked onto my taxi rear left area, causing the left rear headlight to be dislodged while the rest of the left rear area of the taxi was scratched and dented. I then called for Police and a TP officer and ambulance attended to us thereafter. The ambulance did not convey me as at that point, I was fine. However, when I woke up today on 02/12/2021 at about 1100hrs, I felt pain on my neck and back area while my left hand and left leg felt uncomfortable. As such, I went to seek medical treatment at Sunshine Clinic Family Practice & Surgery and was given 7 days of MC. That's all.

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 02/12/2021 10:55 (SGT)
Date of Accident 01/12/2021 22:15 (SGT)
Exact Location of Accident Moulmein Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8679D

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) +65-91868822
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 HO PAK TAT
NRIC No SXXXX442J

Occupation	Outdoor
Date Of Driving Pass	05/01/1970
Driving experience	51 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91868822
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	73 LORONG 4 TOA PAYOH #05-595
Address complement	-
Postcode	310073
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	GARDUQUE CHERRY-LYN GIMENEZ
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 01/12/2021 AT ABOUT 2215HRS, I WAS DRIVING VEHICLE A, SHC8679D, ALONG MOULMEIN ROAD TOWARDS THE DIRECTION OF THOMSON ROAD AND UPON APPROACHING THE ENTRANCE TO CTE (SLE), I WAS TRAVELLING ON THE EXTREME LEFT LANE WHEN SUDDENLY MOTORCYCLE B, FBQ5393U, REAR ENDED VEHICLE A.

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	FBQ5393U
Vehicle Manufacturer	BMW
Vehicle Model	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MOHD
Contact Number	(Phone) +65-97123295
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

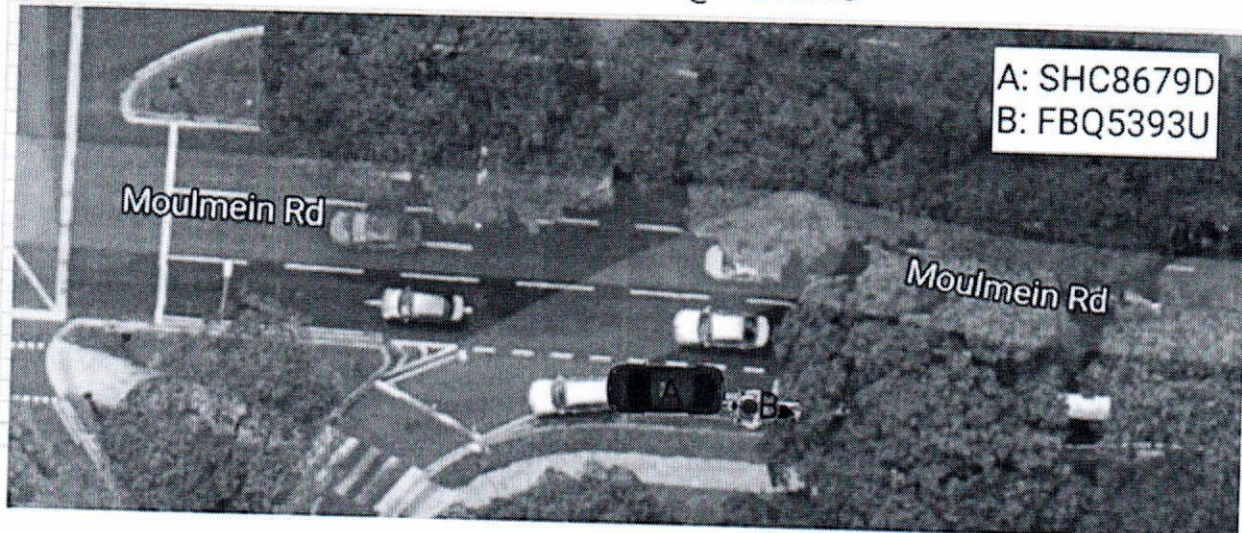
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

01/12/2021 @ 2215hrs



Describe Circumstances of the Accident

ON 01/12/2021 AT ABOUT 2215HRS, I WAS DRIVING VEHICLE A, SHC8679D, ALONG MOULMEIN ROAD TOWARDS THE DIRECTION OF THOMSON ROAD AND UPON APPROACHING THE ENTRANCE TO CTE (SLE), I WAS TRAVELLING ON THE EXTREME LEFT LANE WHEN SUDDENLY MOTORCYCLE B, FBQ5393U, REAR ENDED VEHICLE A.

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 01/12/2021 @ 2315hrs

Witnessed by Reporting Centre
Personnel