

### 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. **MT/1155780- 001**  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S	O/S

(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: 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: SHA 2175R ✓ Yr Rogn: 13/12/17  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Traller or  
 Make: Hyundai 140 c.c 1685  
 Colour: blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 435571 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: hmHLB41umH4098612  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: NII / S/Rim / STD A/Rlm or  
 Tyre Size: F: 206160R16  
 R: 206160R16  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Weslake  
 Front Rear  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 13/12/21 D.O.I. 14/12/21 1615  
 Survey held at CDGE  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
front o/s  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Got BT</u>
	<u>Rebate: 31236</u>
<b>17/12/21</b>	<b>Thevan finalised with Ms Loke LS \$3050, 3 days. (Red \$2662.24, 47%)</b>

Date/Time, File Pass to? ☐ : Prel. Report  
 24/12 Typist ☐ : Final Report  
 Date/Time, File Return to?

Days Of Repair: 3  
 Resurvey No. of Trlp: 1

Survey Fee:	
Transportation:	
S + RS SI	
Fines	
Others	
TOTAL	

Add Fee: ☐ : Site Insp (\$)  
☐ : Interview (\$)  
☐ : Tech. Invs (\$)  
☐ : W/vel end (\$)

Report Fee: **TP**  
 Lump Sum: **3050**

Date:



Date/Time: 14.12.2021 14:34

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 4151831

JC NO305497953

TOMER

REGN NO:

SHA2175R

MILEAGE

MS

COMFORT TRANSPORTATION PTE LTD

TOMER NO. 7010045

MAKE:

HYUNDAI

FUEL

RESS

383 SIN MING DRIVE  
Singapore SINGAPORE 575717

MODEL

I-40

DATE/TIME IN 13.12.2021 22:20

(R)

65508755

(O)

(P)

YR OF MANU.

13.12.2017

TARGET DATE

OUNT CARD NO.

CHASSIS CODE

KMHLB41UMHU098612

COMPLETION DATE/TIME:

### JOB DESCRIPTION

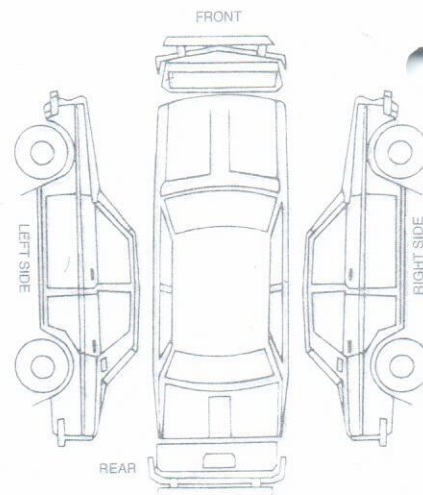
ccident Date: 13.12.2021

ATURE: 3P 13.12.2021

/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.:

SHA2175R

YY

Vehicle No.:

SHA2175R

f Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	821R
<b>Vehicle Details</b>	
Vehicle No.:	SHA2175R
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Dec 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDGU713002
Chassis No.:	KMHLB41UMHU098612
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,946.00
Original Registration Date:	13 Dec 2017
First Registration Date:	13 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$18,946.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Dec 2025
PARF Rebate Amount:	\$14,209.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	12 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$17,027.00
<b>Total Rebate Amount:</b>	<b>\$31,236.00</b>
<b>Message</b>	
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 16 Dec 2021

OK

## 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	14/12/2021 14:17 (SGT)
Date of Accident	13/12/2021 22:20 (SGT)
Exact Location of Accident	677 Choa Chu Kang Cres, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2175R
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#### 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) +65-93398544
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	MOHD ZAINAL BIN IBRAHIM
NRIC No	XXXXX519E



Date Of Birth	15/12/1966
Occupation	Outdoor
Date Of Driving Pass	17/10/1984
Driving experience	37 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93398544
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	160 WOODLANDS STREET 13 #11-655
Address complement	-
Postcode	730160
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 on collision
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 13/12 /2021 AT ABOUT 22:20HRS, I WAS DRIVING VEHICLE A (SHA2175R) ALONG CARPARK OF BLOCK 677 CHOA CHU KANG CRESCENT. WHILE TRAVELLING STRAIGHT APPROACHING EXIT GANTRY, VEHICLE B ( SLE4168E) FROM OPPOSITE DIRECTION TRAVELLING TOWARDS MY VEHICLE AND COLLIDED ONTO VEHICLE A FRONT RIGHT SIDE. I SUSTAIN NECK PAIN DUE TO THE IMPACT.

#### 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	SLE4166E
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM HUANG JIE

NRIC No .....	SXXXX033H
Contact Number .....	(Phone) +65-93802202
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MOHD ZAINAL BIN IBRAHIM
Gender .....	Male
Phone No .....	(Phone) +65-93398544
Address .....	160 WOODLANDS STREET 13 #11-655
Address Complement .....	-
Post Code .....	730160
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK PAIN
Injured person in which vehicle? .....	SHA2175R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



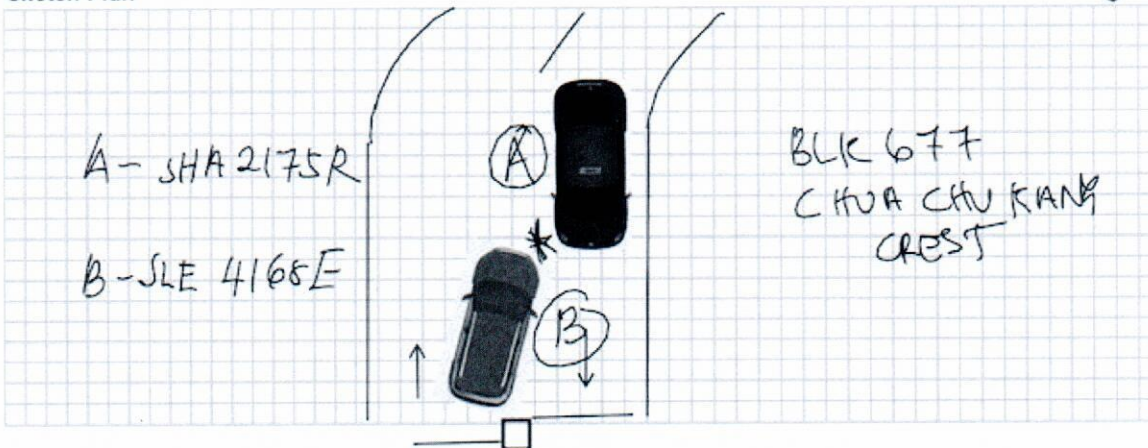
**SKETCH PLAN****IMPORTANT NOTICE**

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**.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

ON 13/12 /2021 AT ABOUT 22:20HRS, I WAS DRIVING VEHICLE A (SHA2175R) ALONG CARPARK OF BLOCK 677 CHOA CHU KANG CRESCENT. WHILE TRAVELLING STRAIGHT APPROACHING EXIT GANTRY, VEHICLE B ( SLE4168E) FROM OPPOSITE DIRECTION TRAVELLING TOWARDS MY VEHICLE AND COLLIDED ONTO VEHICLE A FRONT RIGHT SIDE. I SUSTAIN NECK PAIN 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