

REG. BY: Thevan

NS/INC

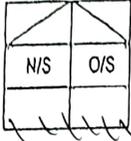
NS/INC21012808/Vvc

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: SMR 7204J
 Policy No. _____
 Claims No. MT/1154723-002
 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 Report: _____ 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: SJD71095 ✓ Yr Regn: 10/11/16
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 140 c.c. 1685
 Colour: blue AC: Insured / Std / HI / HA
 Sp. Reading: 790403 T/Radio: Insured / Std / HI / HA
 Eng/No: _____
 C/No: KMH1L841am Huo 95450
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyro Size: F: 206/60R16
 R: 206/60R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or westlake
 Front R/Bal. 5 mm Rear R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 15/2/21 D.O.I. 16/2/21 1600
 Survey held at CP61E
 Des. of Damages: Frt / 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
	rate: 28500
20/12/21	Thevan confirmed LS \$2200 (red 3643.41, 62%)

Date/Time File Pass to? Prell. Report
 Final Report
 Date/Time File Return to?
21/12/21-typist
 Report Form: TP
 LS \$2200

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

Adcl Fee: Site Insp (\$)
 Interview (\$)
 Tech. Invs (\$)
 Wash and

Survey Fee:

Transportation:	_____ \$ + RS. _____ \$
Prints:	_____ \$
Other:	_____ \$
TOTAL:	_____ \$

REPAIR ESTIMATE

VEHICLE NO SHD7109J
 MAKE REG. 10.11.2016
 MODEL HYU- I40

15.12.2021

CHIANG /NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER BRACKET SIDE RH		\$35.60	\$35.60
10	REAR BUMPER CLIPS		\$2.20	\$22.00
1	REAR BUMPER			\$553.00
1	REAR BUMPER UNDER COVER			\$228.00
1	REAR BUMPER REINFORCEMENT			\$428.40
1	BOOTL LAMP RH			\$565.60
1	BOOTLID CDRI			\$52.40
1	BOOTLID I-40 EMBLEM			\$67.90
1	TAIL LAMP RH			\$697.80
	REAR FENDER LH			\$2,171.40
1	BOOTLID CHROME MOULDING			\$85.00
1	REAR BUMPER REFLECTOR RH		\$32.00	\$32.00
				\$4,939.10
			20.00%	\$987.82
	DISCOUNTED TOTAL			\$3,951.28
1	REAR BUMPER ADVERTISEMENT			\$50.00
1	REAR FENDER RH ADVERTISEMENT			\$100.00
1	REAR BUMPER MAT			\$50.00
1	REVERSE SENSOR			\$135.70
				\$322.13
	Labour Charge			
	Panel Beating			\$600.00
	Spray Painting Charge			\$800.00
	Check lighting and wiring			\$50.00
	Remove/refix reverse sensor			\$60.00
	Tuff Kote			\$60.00
	TOTAL LABOUR			\$1,570.00
	ESTIMATE TOTAL			\$5,843.41

n/c
n/c
DT
scr
scr
scr
n/c
n/c
scr
scr
n/c
CUA
n/c
n/c
n/c
cut
280
250
20
20

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@lkhautop.com
 82235769
 16/12/21 1600
 CS before paint photo
 2 days up

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: R21R

Vehicle Details

Vehicle No.: S4FD7109J
Vehicle to be Exported: Yes
Intended Deregistration Date: 16 Dec 2021
Vehicle Make: SEVUJN80AT
Vehicle Model: MAO 1.7 CRD(1FA) AT ABS AIRBAG 40R
Primary Colour: Blue
Manufacturing Year: 2016
Engine No.: D4FDFU461370
Chassis No.: KMFBH841UM8R095450
Maximum Power Output: 100.0 kW (134 bhp)
Open Market Value: \$19,330.00
Original Registration Date: 10 Nov 2016
First Registration Date: 10 Nov 2016
Transfer Count: 0
Actual ARF Paid: \$19,330.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 09 Nov 2024
PARF Rebate Amount: \$13,531.00

Intended COE Rebate Details

COE Expiry Date: 09 Nov 2024
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 8
PQP Paid: \$41,313.00
COE Rebate Amount: \$14,969.00
Total Rebate Amount: \$28,500.00

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 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	15/12/2021 19:44 (SGT)
Date of Accident	15/12/2021 14:20 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7109J
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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) +65-98700928
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	CHIA HOCK LEONG
NRIC No	SXXXX365D

Date Of Birth	15/06/1959
Occupation	Outdoor
Date Of Driving Pass	25/09/1984
Driving experience	37 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-08700928
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 841 WOODLANDS STREET 82 #05-321
Address complement	-
Postcode	730841
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

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 15/12/2021 AT ABOUT 1420HRS I WAS DRIVING MY VEHICLE A SHD7109J FROM KJE TO UPPER BUKIT TIMAH ROAD. AT THE SLIP ROAD I STOP MY VEHICLE A AT THE GIVE WAY LINES. VEHICLE B SMR7204J THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGERS ARE NOT INJURED. 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 IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

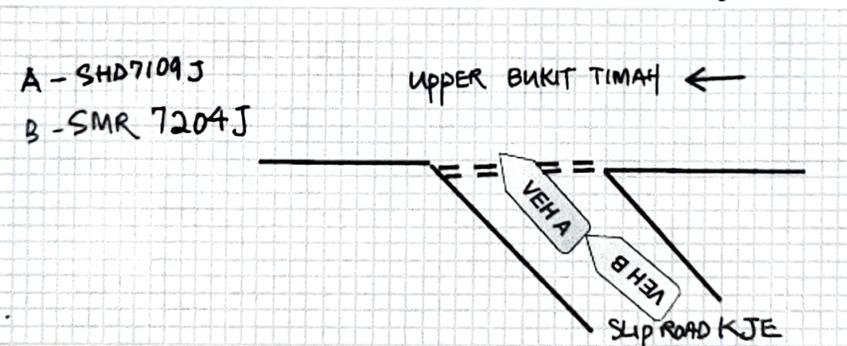
Vehicle Registration Number	SMR7204J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-92969699
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged 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 Authorized Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may give 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.

<p style="text-align: center;"><i>[Signature]</i></p> <p>Policyholder's Signature / Date & Time</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>Driver's Signature (if driver is not the policyholder) / Date & Time 15.12.2021 1605HRS</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>Witnessed by Reporting Centre Personnel Kyun Joo</p>
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Describe Circumstances of the Accident

ON 15/12/2021 AT ABOUT 1420HRS I WAS DRIVING MY VEHICLE A SHD7109J FROM KJE TO UPPER BUKIT TIMAH ROAD AT THE SLIP ROAD I STOP MY VEHICLE A AT THE GIVE WAY LINES. VEHICLE B SMR7204J THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGERS ARE NOT INJURED. 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
15.12.2021 1615HRS

Witnessed by Reporting Centre Personnel
Wong Yung

