Surveyed By: Thevan | Title: Ntuc

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.

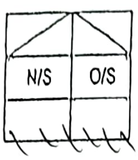
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of Inspection.



Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHD7109S ✓ Yr Regn: 6/11/16

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 / Nil / NA

Sp.Reading: 790403 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: KMHLB41UMHU095450

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: Inorder / 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.	15/12/21		D.O.I.	16/12/21 1600	

Survey held at CDGE

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: 28500

Date/Time File Pass to? ☐ : Prel. Report ☐ : Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (S$)

☐ : Interview (S$)

☐ : Tech. Invs (S$)

☐ : Weekend (S$)

Report Forms :

Survey Fee:

Transportation: __S + RS. __SI

Photos

Others

TOTAL

COMFORT [illegible] GRO ENGINEERING PTE LTD.

REPAIR EST[illegible]TE*

VEHICLE NO **SHD7109J** ✓ **15.12.2021**

MAKE **REG. 10.11.2016**

MODEL **HYU- I40** **CHIANG /NTUC**

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	REAR BUMPER BRACKET SIDE RH		$35.60	$35.60	n/c
10	REAR BUMPER CLIPS		$2.20	$22.00	n/c
1	REAR BUMPER			$553.00	DT
1	REAR BUMPER UNDER COVER			$228.00	scr
1	REAR BUMPER REINFORCEMENT			$428.40	
1	BOOTL LAMP RH			$565.60	scr
1	BOOTLID CDRI			$52.40	n/
1	BOOTLID I-40 EMBLEM			$67.90	n/c
1	TAIL LAMP RH			$697.80	scr
	REAR FENDER LH			$2,171.40	xr
1	BOOTLID CHROME MOULDING			$85.00	n/c
1	REAR BUMPER REFLECTOR RH		$32.00	$32.00	cra ✓
				$4,939.10	
	20.00%			$987.82	
	DISCOUNTED TOTAL			**$3,951.28**	
1	REAR BUMPER ADVERTISEMENT			$50.00	n/c
1	REAR FENDER RH ADVERTISEMENT			$100.00	n/c
1	REAR BUMPER MAT			$50.00	n/c
1	REVERSE SENSOR			$135.70	cut ✓
				$322.13	
	Labour Charge				
	Panel Beating			$600.00	280
	Spray Painting Charge			$800.00	250
	Check lighting and wiring			$50.00	20
	Remove/refix reverse sensor			$60.00	20 ✓
	Tuff Kote			$60.00	
	TOTAL LABOUR			**$1,570.00**	
	ESTIMATE TOTAL			**$5,843.41**	

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.

Thevan@Chkauto.com
82235769
16/12/21 1600
CS bfr paint photo
2 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 <u>and</u> 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.:	SHD7109J
Vehicle to be Exported:	Yes
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.:	D4FDEU461370
Chassis No.:	KMHLB41UMHU095450
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

SJ0421CF000M / JP Knights Pte Ltd
ENTRY DATE & TIME: 15/12/2021 19:44 (SGT)
SUBMITTED BY: Kavi
VERSION: 1 (15/12/2021 19:44 (SGT))

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

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) +65-98700928
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 Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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 transferred 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 w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages), and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

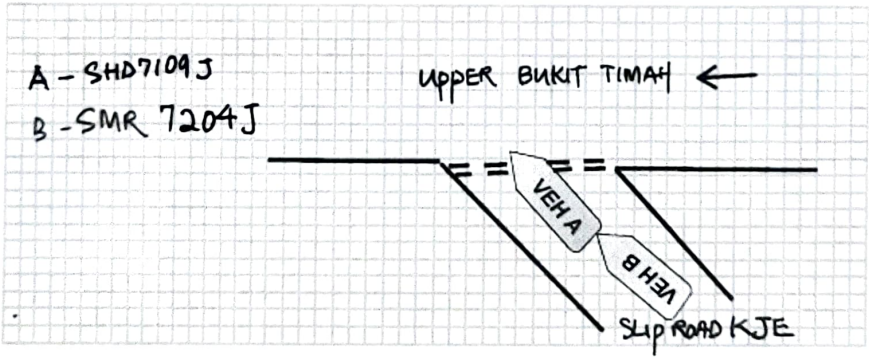
(collectively the "**Purposes**")

(b) all insurer(s) w ho 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), w hich 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
	15.12.2021 1605HRS	Kyaw Tong

Sketch Plan



SKETCH PLAN #2

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	Witnessed by Reporting Centre Personnel
	15.12.2021 1615HRS	

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : 65 6383 0280 Facsimile : 65 6260 0756
Workshops
205 Braddell Road Singapore 579701
39 Loyang Drive Singapore 508966
383 Sin Ming Drive Singapore 575717

Date/Time: 16.12.2021 10:07 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO 305498028

STOMER

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

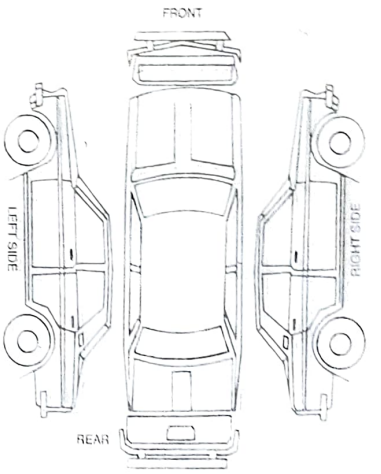
COUNT CARD NO.

REGN NO.: SHD7109J	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 15.12.2021 15:50
YR OF MANU. 10.11.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU095450	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.12.2021
NATURE: 3P 15.12.2021

S/NO LABOR CODE DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

.:
e No.: SHD7109J

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD7109J

Name of Service Advisor

Date

To be kept by Security Guard