

12000: Thuan

12000: Thuan

NS/INC22000274/Vtc

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVALUATION/MV

To inspect Vehicle No:

at Workshop m/s

at

Insured

Policy No

Claims No

MT/1156548-002

Sum Insured:

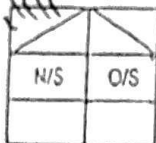
Excess:

(Client's Record)

Make of Veh

(Policy Condition)

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



Est. 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:

SHD35414

Yr Regn:

8/9 116

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

Truck / Trailer or

Make:

Hyundai 140

cc 1685

Colour:

blue

AJC: Insured / Std / NI / NA

Sp. Reading

490635

T/Ratio: Insured / Std / NI / NA

Eng/No:

CNo:

HMHLB414M64093494

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 NRIm 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.

30/12/21

D.O.A.

31/12/21

Survey held at

CDGE

Des. of Damage: ☒ Frl / ☐ Cor / O/S / ☒ UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Rate: 77356

LUMP SUM 1100, REPAIR DAYS 2

RED:1487.68; 57%

Date/Time, File Pass to?

☐

: Prelim. Report

ij

☐

: Final Report

Date/Time, File Return to?

ij

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

Food & RS: \$

Phone

Other

Total:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inv. (\$

☐

: Wheel and

Report Form:

Form 2140 (1.1.1)

Effective Date: 1 Nov 2020

LKK -

INSURANCE: NTUC (45)

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Bumper	1		\$1,052.20 ✓
	Front Bumper Clips	10	\$2.20	\$22.00 ✓
	Front Bumper Side Bracket LH	1		\$22.40 ✓
	Headlamp LH	1		\$1,388.00
	SUB TOTAL			\$2,484.60
	LESS 20%			\$496.92
	DISCOUNTED SPARE PARTS TOTAL			\$1,987.68
	<u>Labour Charge</u>			
	Panel Beating			\$300.00
	Spray Painting Charge			\$300.00
	TOTAL LABOUR			\$600.00
	ESTIMATE TOTAL			\$2,587.68

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@Lthauto.com
82235769
31/12/21 12/100
US/after repair photo
2days 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:

Date/Time: 31.12.2021 08:10

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4157834

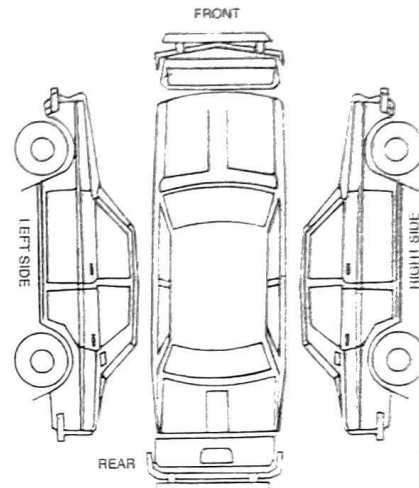
JC NO 305499665

COMMER S COMFORT TRANSPORTATION PTE LTD COMMER NO 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) JUNT CARD NO.	REG NO SHD3541U	MILEAGE
	MAKE HYUNDAI	FUEL E 1/2 F
	MODEL I-40	DATE/TIME IN 30.12.2021 12:35
	YR OF MANU 08.09.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU093494	COMPLETION DATE/TIME

JOB DESCRIPTION

cident Date: 30.12.2021
 TURE: 3P 30.12.2021

NO	LABOR CODE	DESCRIPTION
0010	PB	PANEL BEATING-SHD3541U



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

adgement Slip

Exit Pass

q.: SHD3541U LIMITS

Vehicle No.: SHD3541U

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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	30/12/2021 16:25 (SGT)
Date of Accident	30/12/2021 11:30 (SGT)
Exact Location of Accident	Race Course Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3541U
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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) +65-90175459
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	LEE ENG HWA
NRIC No	SXXXX193J

Date Of Birth	19/02/1961
Occupation	Outdoor
Date Of Driving Pass	04/01/1980
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90175459
Alt. Phone Number	-
Email Address	fleetsafety@brdgstaxi.com.sg
Address	350 YISHUN AVENUE 11 #11-231
Address complement	-
Postcode	760350
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	Side Swipe
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)	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 30/12/2021 AT ABOUT 1130HRS I WAS DRIVING MY VEHICLE A SHD3541U ALONG RACE COURSE ROAD IN THE DIRECTION OF BUKIT TIMAH ROAD. BEFORE KERBAU LANE VEHICLE B SMZ3953P DROVE OUT FROM A PARALLEL PARKING LOT AND SIDE SWIPE HIS VEHICLE B RIGHT FRONT ONTO MY VEHICLE A LEFT FRONT. NO ONE WAS INJURED. NO 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	SMZ3953P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

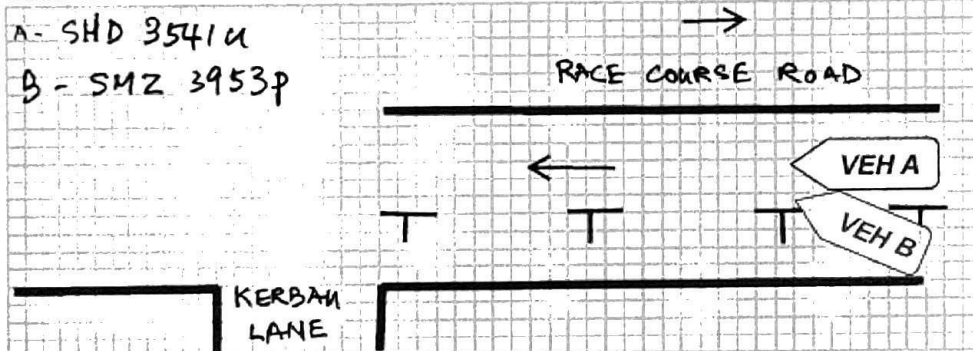
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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



Describe Circumstances of the Accident

ON 30/12/2021 AT ABOUT 1130HRS I WAS DRIVING MY VEHICLE A SHD3541U ALONG RACE COURSE ROAD IN THE DIRECTION OF BUKIT TIMAH ROAD. BEFORE KERBAU LANE VEHICLE B SMZ3953P DROVE OUT FROM A PARALLEL PARKING LOT AND SIDE SWIPE HIS VEHICLE B RIGHT FRONT ONTO MY VEHICLE A LEFT FRONT. NO ONE WAS INJURED. NO PARTICULARS EXCHANGED

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

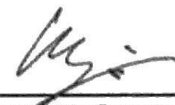
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



30.12.2021

1340HRS



Kyan' Long

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

Vehicle Details

Vehicle No.:

SHD3541U

Vehicle to be Exported:

No

Intended Deregistration Date:

05 Jan 2022

Vehicle Make:

HYUNDAI

Vehicle Model:

I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Primary Colour:

Blue

Manufacturing Year:

2016

Engine No.:

D4FDGU670244

Chassis No.:

KMHILB41UMGU093494

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:

\$14,253.00

Total Rebate Amount:

\$27,356.00

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 05 Jan 2022

OK