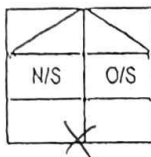


## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 QD / 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 Vch: \_\_\_\_\_

(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: SHC3848R Yr Rogn: 3/9 115  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Primo Mover /

Truck / Trailer or

Make: Hyundai 140 c.c. 1685  
 Colour: blue A/C: , Insured / Std / NI / NA

Sp. Reading 93502 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: kmHLB41um6u077297Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 206/60R16R: 206/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or WesHake

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 14/1/22 D.O.I. 18/1/22 1600Survey held at CDGEDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooflop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

recheck 23003

Date/Time, File Pass to?

☐ : Prelim. Report

Days Of Repair: \_\_\_\_\_

1/

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2/

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Insp (\$ \_\_\_\_\_)☐ : Wheel align (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Parking

Others

Total

Report Form 1:

Date: 21/1/22

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 821R

### Vehicle Details

Vehicle No.: SHC3848R

Vehicle to be Exported: No

Intended Deregistration Date: 21 Jan 2022

Vehicle Make: HYUNDAI

Vehicle Model: I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Primary Colour: Blue

Manufacturing Year: 2015

Engine No.: D4FDGU661326

Chassis No.: KMHLB41UMGU077297

Maximum Power Output: 100.0 kW (134 bhp)

Open Market Value: \$20,480.00

Original Registration Date: 03 Sep 2015

First Registration Date: 03 Sep 2015

Transfer Count: 0

Actual ARF Paid: \$20,672.00

### Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 02 Sep 2023

PARF Rebate Amount: \$13,436.00

### Intended COE Rebate Details

COE Expiry Date: 02 Sep 2023

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

COE Period(Years): 8

PQP Paid: \$47,373.00

COE Rebate Amount: \$9,567.00

Total Rebate Amount: \$23,003.00

### 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 21 Jan 2022

OK

Date/Time: 18.01.2022 08:26 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4163972

JC NO305501867

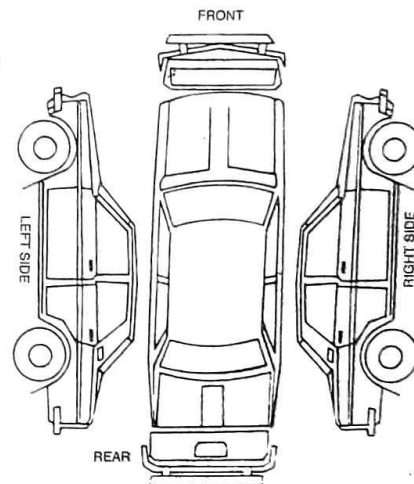
OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO: SHC3848R MAKE: HYUNDAI MODEL T-40 YR OF MANU 03.09.2015 CHASSIS CODE KMHLE41UMGU077297	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 17.01.2022 15:55 TARGET DATE COMPLETION DATE/TIME:
--	--	--

DUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 17.01.2022  
NATURE: 3P 17.01.2022

NO LABOR CODE DESCRIPTION  
10010 PB PANEL BEATING-SHC3848R



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-in/Check-out Slip

Exit Pass

No.: SHC3848R LIMITS

Vehicle No.: SHC3848R

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## REPAIR ESTIMATE

Effective Date: 1 Nov 2020

VEHICLE NO.: SHC3848R

INSURANCE: CHINA TAIPING

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$553.00
	Rear Bumper Under Cover	1		\$228.00
	Rear Bumper Reinforcement	1		\$428.40
	Rear Bumper Clips	10	\$2.20	\$22.00
	SUB TOTAL			\$1,231.40
	LESS 20%			\$246.28
	DISCOUNTED TOTAL			\$985.12
	Rear Bumper Mat	1		\$50.00
	Reverse Sensors	1		\$135.70
	NETT TOTAL			\$185.70
	SPARE PARTS TOTAL			\$1,170.82
	<u>Labour Charge</u>			
	Panel Beating			\$300.00
	Spray Painting Charge			\$300.00
	R/I Reverse Sensors			\$120.00
	TOTAL LABOUR			\$720.00
	ESTIMATE TOTAL			\$1,890.82

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.

Theran @LHMa to-10n  
82235469  
18/11/22 1600  
LIS 9th repair photo  
wp 2 days

**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:

# 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	18/01/2022 10:04 (SGT)
Date of Accident	17/01/2022 14:30 (SGT)
Exact Location of Accident	53 Ang Mo Kio Ave 3, Singapore 569933
Additional Location Information	TAXI STAND
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3848R
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) +65-96354074
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	CHAN KOK SIEW
NRIC No	SXXXX904E

Date Of Birth	07/09/1960
Occupation	Outdoor
Date Of Driving Pass	22/03/1979
Driving experience	42 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96354074
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	286A TOH GUAN ROAD #18-40
Address complement	-
Postcode	601286
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?	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 17/01/2022 AT ABOUT 1430HRS I WAS QUEUEING MY VEHICLE A SHC3848R AT ANG MO KIO HUB TAXI STAND. VEHICLE B SJV704M SUDDENLY REAR ENDED MY STATIONARY VEHICLE A. AFTER IMPACT I FEEL STRAIN ON MY NECK. 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	SJV740M
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YU FOONG KWAI

NRIC No	SXXXX462C
Contact Number	(Phone) +65-87500308
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CHAN KOK SIEW
Gender	Male
Phone No	(Phone) +65-96354074
Address	286A TOH GUAN ROAD #18-40
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	STRAIN ON MY NECK
Injured person in which vehicle?	SHC3848R
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 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

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time 17-01-2022 1630HRS

Witnessed by Reporting Centre Personnel Kym Yiong

A-SHC 3848R

B-SJV 740M

ANG MO KIO HUB  
TAXI STAND





Describe Circumstances of the Accident

ON 17/01/2022 AT ABOUT 1430HRS I WAS QUEUEING MY VEHICLE A SHC3848R AT ANG MO KIO HUB TAXI STAND. VEHICLE B SJV704M SUDDENLY REAR ENDED MY STATIONARY VEHICLE A. AFTER IMPACT I FEEL STRAIN ON MY NECK. 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

17-01-2022

1635HRS

Ngan Young