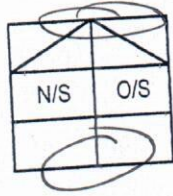


ASSIGNMENT

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 Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 10 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: STD 3008 T Yr Regn: June / 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai I40 C.C. 1630 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: H.A. T/Radio: Insured / Std / NI / NA
 Eng/No: D4FDHU729704
 C/No: KMH1LB41UMGU091334
 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 A/Rim or
 Tyre Size: F: 205/60 R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>18/02/22</u>	D.O.I. <u>22/02/22</u>

 Survey held at Bjrust Sin Ming
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear 4 R
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Budget Direct <u>55117857M</u>
	Vehicle balance 28 months at time of accident. BV calculation attached.
<u>02/09/22</u>	found 2/3 10,0201- with 10 dgs of <u>...</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

1) _____
 Date/Time, File Return to? _____

2) _____

Report Format : _____
 Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____ \$ + RS, _____ \$
 Photos _____
 Others _____
 TOTAL _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHD3008T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	28 Feb 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDHU729704
Chassis No.:	KMHLB41UMGU091334
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$19,074.00
Original Registration Date:	09 Jun 2016
First Registration Date:	09 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$19,074.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Jun 2024
PARF Rebate Amount:	\$13,351.00
Intended COE Rebate Details	
COE Expiry Date:	08 Jun 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,164.00
COE Rebate Amount:	\$10,555.00
Total Rebate Amount:	\$23,906.00
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 19 Feb 2022

OK

SHD 3008T Book Value

Purchase cost of taxi = 86,642.64

Less Pay 11,444.40 = 75,248.24

Depreciation 1 mtr = 783.83

Balance 28 mtrs = 21,947.24

Add Pay 11,444.40 = 33,391.64

Less ~~RS~~ LTA rebate = 33,391.64

- 23,906.00

= 9,485.64

=

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	19/02/2022 13:50 (SGT)
Date of Accident	18/02/2022 14:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	JURONG BEFORE EXIT 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3008T
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) +65-96487142
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	HENG SENG BONG
NRIC No	SXXXX728I

Date Of Birth	11/05/1952
Occupation	Outdoor
Date Of Driving Pass	20/01/1975
Driving experience	47 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96487142
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	29 NEW UPPER CHANGI ROAD #02-750
Address complement	-
Postcode	460029
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	Chain 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	4
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 18/02/2022 AT ABOUT 1400HRS I WAS DRIVING MY VEHICLE A SHD3008T ON THE 1ST LANE OF PIE TOWARDS JURONG. BEFORE EXIT 12, I STOP MY VEHICLE A BEHIND VEHICLE C SLP1560R. VEHICLE D SJH7857M THEN REAR ENDED MY STATIONARY VEHICLE A. CAUSING MY VEHICLE A TO MOVE FORWARD AND REAR END VEHICLE C. GOT DOWN MY VEHICLE TO REALISE THAT VEHICLE C HAD ALSO REAR ENDED VEHICLE B SMX5697B. UPON IMPACT I HURT MY HANDS, NECK AND BACK. AMBULANCE MEDIC CHECK ON ME BUT I AM NOT CONVEYED. MY PASSENGER IS NOT INJURED. HANDPHONES 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	SMX5697B
-----------------------------	----------

Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91270431
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP1560R
Vehicle Manufacturer	Porsche
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91000975
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJH7857M
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96209687
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	HENG SENG BONG
Gender	Male
Phone No	(Phone) +65-96487142
Address	29 NEW UPPER CHANGI ROAD #02-750
Address Complement	-
Post Code	460029
Approximate Age Years Old	-
Injuries Sustained	HANDS, NECK AND BACK
Injured person in which vehicle?	SHD3008T
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance?

Describe Circumstances of the Accident

ON 18/02/2022 AT ABOUT 1400HRS I WAS DRIVING MY VEHICLE A SHD3008T ON THE 1ST LANE OF PIE TOWARDS JURONG. BEFORE EXIT 12, I STOP MY VEHICLE A BEHIND VEHICLE C SLP1560R. VEHICLE D SJH7857M THEN REAR ENDED MY STATIONARY VEHICLE A. CAUSING MY VEHICLE A TO MOVE FORWARD AND REAR END VEHICLE C. GOT DOWN MY VEHICLE TO REALISE THAT VEHICLE C HAD ALSO REAR ENDED VEHICLE B SMX5697B. UPON IMPACT I HURT MY HANDS, NECK AND BACK. AMBULANCE MEDIC CHECK ON ME BUT I AM NOT CONVEYED. MY PASSENGER IS NOT INJURED. HANDPHONES 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

19.02.2022 1115HRS

Ryann Yong

AIRCON CONDENSER <i>st punctured</i>	1	\$ 947.80	\$947.80	✓
INTER COOLER <i>st punctured</i>	1	\$ 1,032.50	\$1,032.50	✓
AIR BAG COMPLETE <i>actinhd</i>	1	\$ 2,348.50	\$2,348.50	✓ 1150.60
AIR BAG CONTROL MODULE <i>actinhd</i>	1	\$ 1,894.00	\$1,894.00	✓ 1140.40
AIR BAG SENSOR (2 PCS) <i>actinhd 580-w x 2</i>	2	\$ (1,160.00)	\$2,320.00	✓
SUB TOTAL			\$35,535.10	23,859.40
LESS 20%			\$7,107.02	19,087.52
DISCOUNTED TOTAL			\$28,428.08	✓
BOOTLID COMFORT LOGO & TEL NO. STICKER <i>HCC SN</i>	1	\$ 30.00	\$30.00	✓
BOOTLID CITYCAB LOGO & TEL NO. STICKER <i>HF SN</i>	1	\$ 39.00	\$39.00	X
BOOTLID ADVERTISEMENT LOGO <i>HCC SN</i>	1	\$ 100.00	\$100.00	✓
REAR BUMPER REVERSE SENSOR <i>Dem SN</i>	1	\$ 135.70	\$135.70	✓
REAR BUMPER ADVERTISEMENT LOGO <i>HCC SN</i>	1	\$ 100.00	\$100.00	✓
REAR BUMPER RUBBER MAT / I40 PLATE <i>HCC SN</i>	1	\$ 50.00	\$50.00	✓
FRONT NUMBER PLATE <i>broken SN</i>	1	\$ 25.00	\$25.00	✓
FRONT NO. PLATE TRIM COVER <i>st SN</i>	1	\$ 30.00	\$30.00	✓ } 45/-
COOLANT <i>HCC SN</i>	1	\$ 45.00	\$45.00	X
FRONT FENDER ADVERTISEMENT LOGO <i>HCC SN</i>	2	\$ 100.00	\$200.00	✓
SUB TOTAL			\$754.70	660.70
Labour Charge				
Panel Beating	1	\$ 1,800.00	\$1,800.00	1200/-
Spray Painting Charge	1	\$ 1,600.00	\$1,600.00	1000/-
Wiring Charge	1	\$ 100.00	\$100.00	30/-
Tuff Kote	1	\$ 100.00	\$100.00	40/-
Towing Charge	1	\$ 80.00	\$80.00	HCC
Remove/Refix Reverse Sensor	1	\$ 120.00	\$120.00	40/- 2590-w
Remove/Refix Radiator	1	\$ 90.00	\$90.00	50/-
Remove/Refix Aircon & Refill Gas	1	\$ 130.00	\$130.00	80/-
Diagnostic & Resetting To Erase Fault Code	1	\$ 550.00	\$550.00	120/-
TOTAL LABOUR			\$4,570.00	
ESTIMATE TOTAL			\$ 33,752.78	
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				

22,338.22
 22/02/2022 @ 0900hrs Supp 1,684.96
 Not Actual 24,023.18
 1/2 hr 10 days. 4/5 10,000/-

J. Anand

LKK Auto

Repair Limit

Printed & V

before finalise.

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:

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 28-Feb-22

INSURANCE: Budget Direct

MODEL: HYUNDAI I40

VEHICLE NO.: SHD 3008T (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
AIR CLEANER ASSY <i>WH</i>	1	\$325.00	\$325.00
AIR DUCT <i>brake</i>	1	\$171.70	\$171.70
FRONT SAFETY BELT ASSY (LH/RH) <i>2ch</i>	2	\$477.20	\$954.40
EXHAUST PIPE CENTRE <i>st</i>	1	\$ 730.10	\$730.10
SUB TOTAL			\$2,181.20
LESS 20%			\$436.24
DISCOUNTED TOTAL			\$1,744.96
Labour Charge			
Remove/Refix Air Bag/Steering Wheel/Dashboard/Seat	1	\$550.00	\$550.00
Remove/Refix Front Seat Belt	2	\$120.00	\$240.00
TOTAL LABOUR			\$790.00
ESTIMATE TOTAL			\$2,534.96

X
✓
✓
X ✓

2001-

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.

J Yan

1,684.96

2KK Auto

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