

ASS. REC. BY:

REF:

CS/AGI 22001934/D³

ASSIGNMENT

COB Jan 2024

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. _____

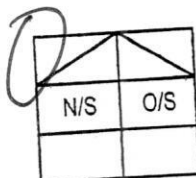
Sum Insured: _____ Excess: _____

(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: 7 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC8764R Yr Regn: Jan / 2016
 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 / NI / NA
 Sp. Reading: 838460 T/Radio: Insured / Std / NI / NA
 Eng/No: D4FDGU701216
 C/No: KMHILB41UMGU083374
 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: Westlake
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front Rear
 R/Bal. S mm R/Bal. S mm
 L/Bal. S mm L/Bal. S mm
 D.O.A. 28/02/22 D.O.I. 02/03/22
 Survey held at B. Prost Sin Mng
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
H/S Front
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Brayd Direct. SMQ 504E

Vehicle became about 23 metres at time of accident.

02/08/22 Inured L/S B. Prost - with 7 days 2 hrs
(Red. \$18349.32, 79%)

Date/Time, File Pass to?

1) 3/8/22

Date/Time, File Return to?

2) _____

Report Format:

Lump Sum / I.B.I.: (\$ 5000)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

____ \$ + RS. ____ SI

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.:	SHC8764R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	01 Mar 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	D4FDGU701216
Chassis No.:	KMHLB41UMGU083374
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,960.00
Original Registration Date:	21 Jan 2016
First Registration Date:	21 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$21,344.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Jan 2024
PARF Rebate Amount:	\$13,873.00
Intended COE Rebate Details	
COE Expiry Date:	20 Jan 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,307.00
COE Rebate Amount:	\$10,672.00
Total Rebate Amount:	\$24,545.00
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 01 Mar 2022

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	28/02/2022 17:17 (SGT)
Date of Accident	26/02/2022 18:10 (SGT)
Exact Location of Accident	Yung Ho Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8764R
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) +65-91133434
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	CHUA KOON WAH
NRIC No	SXXXX169C

Date Of Birth	04/03/1954
Occupation	Outdoor
Date Of Driving Pass	28/10/1976
Driving experience	45 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91133434
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	225 CHOA CHU KANG CENTRAL #09-211
Address complement	-
Postcode	680225
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	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 26/02/2022 AT ABOUT 18:10HRS I WAS DRIVING VEHICLE A (SHC8764R) ALONG YUNG HO ROAD SUPERBOWL CARPARK. WHILE TRAVELLING STRAIGHT, VEHICLE B (SMQ5041E) CAME OUT OF PARKING LOT AND COLLIDED ONTO VEHICLE A LEFT SIDE BUMPER. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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	SMQ5041E
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SOH SOR HOON

NRIC No	SXXXXX930C
Contact Number	(Phone) +65-96847705
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 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. 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

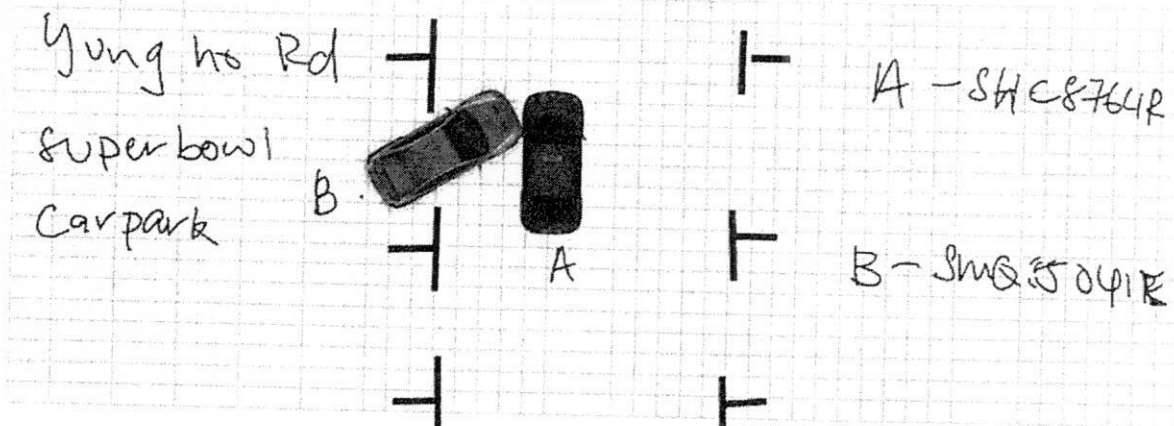
Sketch Plan

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

28/02/2022 1300 hrs

Witnessed by Reporting Centre

Personnel Latiff



Customer: LIMTAN
 Company: 01-42
 License NO: SHC 8764R
 Odometer:

Date: 3/2/2022 1:04 PM
 VIN
 Technician:
 Order NO:

VEHICLE ALIGNMENT REPORT

HYUNDAI, i40 G 1.6 GDI, 11-11 (Customized)

Primary Angles

			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	4°18'	4°12'	5°12'	1°48'
		Right	4°32'	4°12'	5°12'	4°36'
	Camber	Left	-2°36'	-1°00'	0°00'	-2°24'
		Right	-0°18'	-1°00'	0°00'	-0°24'
	Toe	Left	-0°18'	0°00'	0°12'	-1°12'
		Right	0°00'	0°00'	0°12'	1°09'
		Total	-0°18'	0°00'	0°24'	-0°03'
Rear	Camber	Left	-0°06'	-1°30'	-0°30'	0°00'
		Right	-1°06'	-1°30'	-0°30'	-1°00'
	Toe	Left	0°12'	-0°03'	0°09'	0°12'
		Right	-0°09'	-0°03'	0°09'	-0°09'
		Total	0°03'	-0°06'	0°18'	0°03'
	Thrust Angle		0°11'	99°59'		0°11'

Secondary Angles

			Initial	Specifications		Final
				Min.	Max.	
SAI	Left		13°38'	13°18'	14°18'	13°38'
	Right		13°34'	13°18'	14°18'	13°34'
Included Angle	Left		11°02'	99°59'	99°59'	11°14'
	Right		13°16'	99°59'	99°59'	13°10'
Toe Out On Turns	Left		----	99°59'	99°59'	----
	Right		----	99°59'	99°59'	----
Max Turn Inside	Left		----	99°59'	99°59'	----
	Right		----	99°59'	99°59'	----
Toe Curve Change	Left		----	0°00'	199°59'	----
	Right		----	0°00'	199°59'	----
Setback	Front		-2mm	2540mm	2540mm	-2mm
	Rear		-4mm	2540mm	2540mm	-4mm
Track Width Diff.			-3mm			-3mm
Wheel Base Diff.			2mm			2mm
Front Ride Height	Left		----	2540mm	2540mm	----
	Right		----	2540mm	2540mm	----
Rear Ride Height	Left		----	2540mm	2540mm	----
	Right		----	2540mm	2540mm	----
Frame Angle						----

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 28-Feb-22

INSURANCE: Budget Direct.

MODEL: HYUNDAI I40

VEHICLE NO.: SHC 8764R

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BONNET <i>leg</i>	1	\$ 2,265.90	\$2,265.90
BONNET RUBBER (LH) <i>HH</i>	1	\$ 35.70	\$35.70
BONNET HINGE (LH) <i>HH</i>	1	\$ 126.70	\$126.70
BONNET LOCK <i>HH</i>	1	\$ 142.40	\$142.40
RADIATOR GRILLE H EMBLEM <i>HH</i>	1	\$ 129.50	\$129.50
RADIATOR GRILLE <i>HH</i>	1	\$ 1,480.00	\$1,480.00
FRONT BUMPER COVER <i>broken</i>	1	\$ 1,052.20	\$1,052.20
FRONT BUMPER GRILLE (LH) <i>SVZ</i>	1	\$ 149.20	\$149.20
FRONT BUMPER BRACKET TOP (LH) <i>HH</i>	1	\$ 44.80	\$44.80
FRONT BUMPER BRACKET (LH) <i>broken</i>	1	\$ 49.20	\$49.20
FRONT BUMPER RETAINER MOUNTING LH <i>HH</i>	1	\$ 76.20	\$76.20
FRONT BUMPER GRILLE AIR DUCT (LH) <i>SVZ</i>	1	\$ 126.20	\$126.20
HEADLAMP SUPPORT PANEL ASSY <i>broken / w/</i>	1	\$ 907.40	\$907.40
HEADLAMP (LH) <i>crack / broken</i>	1	\$ 2,776.00	\$ 2,776.00
HEADLAMP SUPPORT TOP COVER <i>HH</i>	1	\$ 222.60	\$222.60
FRONT FENDER (LH) <i>Buc</i>	1	\$ 663.00	\$663.00
FRONT FENDER APRON PANEL (LH) <i>2 Dangle</i>	1	\$ 637.00	\$637.00
FRONT FENDER SHIELD (LH) <i>dislodged / torn</i>	1	\$ 174.90	\$174.90
BATTERY TRAY <i>HH</i>	1	\$ 146.20	\$146.20
BATTERY STAY <i>HH</i>	1	\$ 20.90	\$20.90
FUSE BOX FRONT <i>HH</i>	1	\$ 415.20	\$415.20
FRONT WHEEL RIM (LH) <i>HH</i>	1	\$ 650.60	\$650.60
FRONT WHEEL HUB CAP (LH) <i>HH</i>	1	\$ 214.20	\$214.20
KNUCKLE ARM (LH) <i>HH</i>	1	\$ 1,104.00	\$1,104.00
FRONT WHEEL BEARING AND HUB (LH) <i>HH</i>	1	\$ 863.80	\$863.80
FRONT SUSPENSION LOWER ARM (LH) <i>HH</i>	1	\$ 595.90	\$595.90
FRONT SHOCK ABSORBER ASSY (LH) <i>HH</i>	1	\$ 684.40	\$684.40
FRONT SHOCK ABSORBER MOUNTING (LH) <i>HH</i>	1	\$ 217.60	\$217.60
STG TIE ROD (LH) <i>HH</i>	1	\$ 186.40	\$186.40
STG TIE END (LH) <i>HH</i>	1	\$ 125.20	\$125.20
STABILIZER BAR ASSY <i>HH</i>	1	\$ 463.70	\$463.70
STABILIZER BAR LINK (LH) <i>HH</i>	1	\$ 85.90	\$85.90
RACK & PINION ASSY <i>HH</i>	1	\$ 1,820.00	\$1,820.00
INTER COOLER <i>HH</i>	1	\$ 1,032.50	\$1,032.50
SUB TOTAL			\$19,685.40
LESS 20%			\$3,937.08
DISCOUNTED TOTAL			\$15,748.32
FRONT FENDER ADVERTISEMENT LOGO <i>Hec</i> SN	1	\$ 100.00	\$100.00
NEW BATTERY <i>HH</i> SN	1	\$ 207.00	\$207.00
FRONT TYRE (LH) <i>HH</i> SN	1	\$ 216.00	\$216.00

[illegible]

SUB TOTAL			\$523.00
Labour Charge			
Panel Beating	1	\$ 1,800.00	\$1,800.00
Spray Painting Charge	1	\$ 1,400.00	\$1,400.00
Wiring Charge	1	\$ 100.00	\$100.00
Tuff Kote	1	\$ 100.00	\$100.00
Towing Charge	1	\$ 80.00	\$80.00
Four Wheel Alignment	1	\$ 120.00	\$120.00
Remove/Refix Undercarriage (Frt)	1	\$ 400.00	\$400.00
Re-set Frt ABS System	1	\$ 200.00	\$200.00
Remove/Refix Radiator	1	\$ 90.00	\$90.00
Remove/Refix Aircon & Refill Gas	1	\$ 130.00	\$130.00
Remove/Refix Fuse Box	1	\$ 120.00	\$120.00
Remove/Refix Engine	1	\$ 600.00	\$600.00
Diagnostic & Resetting To Erase Fault Code	1	\$ 550.00	\$550.00
TOTAL LABOUR			\$5,690.00
ESTIMATE TOTAL			\$ 21,961.32

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

02/03/2022 @ 0945hr

Hrt Auto

7

2/3hr

5 days.

ryan

LKK Auto

5307.36

Supp 1,110.40

6417.76

4/5 5,000/-

23349.32

8

Check IV

Repair Limit.

Check Part Prices.

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

SUPPLEMENTARY REPAIR ESTIMATE (S)

DATE: 3-Mar-22

MODEL: HYUNDAI I40

INSURANCE: AUTO & GEN

VEHICLE NO.: SHC 8764 R

DESCRIPTION	QTY	LIST PRICE	AMOUNT
HEADLAMP (RH) <i>monity broken</i>	1	\$2,776.00	\$2,776.00
SUB TOTAL			\$2,776.00
LESS 20%			\$555.20
DISCOUNTED TOTAL			\$2,220.80
ESTIMATE TOTAL			\$2,220.80

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.

1388.2

Gyan

2kk Auto

04/03/222

8

1110.40