

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No: SHZ 7253E Yr Regn: 2016 7 AugType: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai i30 1.7 CRDi C.C. 1685Colour: Yellow A/C: Insured / Std / Nil / NASp. Reading: 818097 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLS41UMH093571Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: ---

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

TOYO / YOKO or WESTLAK

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 27/12/22 D.O.I. 28/12/22Survey held at COMFORS LOYALTYDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orN/S FR

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

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report1) _____
Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS _____ SI

Photos

Others

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

Report Format : _____

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

Date/Time: 28.12.2022 10:01

Page : 1

Am: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5515335

JC NO.305540954

COMER

VMS CITYCAB PTE LTD
STOMER NO 7010070
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188
(R) (O)
(P)

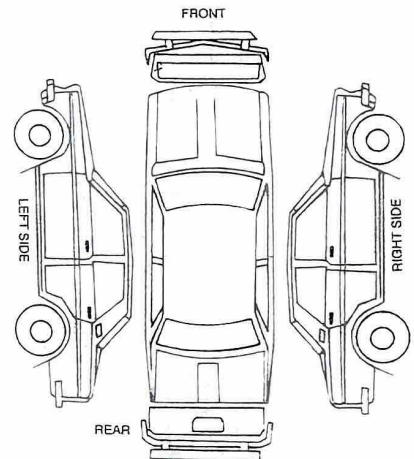
COUNT CARD NO.

REGN NO: SHC7253E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 28.12.2022 08:00
YR OF MANU 25.08.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093571	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.12.2022
NATURE: 3P 27.12.2022

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgment Slip

Exit Pass

No.: SHC7253E YY

Vehicle No.: SHC7253E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHC7253E

Make : HYUNDAI

Model : I-40

Date: 28/12/2022

Insurance: INCOME

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount	
1	FRT FENDER LH <i>buc</i>			\$ 663.00	
1	FENDER RETAINER LH <i>na</i>			\$ 24.60	
1	HEADLAMP LH <i>900</i>			\$ 1,388.00	
1	FRONT BUMPER COVER <i>sur</i>			\$ 1,052.20	
10	FRT BUMPER CLIPS <i>ne</i>			\$ 22.00	
1	FRT BUMPER SIDE BRACKET LH <i>?</i>			\$ 24.60	
1	FRT WHEEL HUB CAP LH <i>sur</i>			\$ 217.20	
	SUB TOTAL			\$ 3,391.60	
	LESS 20%			\$ 678.32	
	DISCOUNTED TOTAL			\$ 2,713.28	
	FRT TYRE LH <i>X</i>			\$ 216.00	
	FRT DOOR COMFORT LOGO LH <i>X</i>			\$ 75.00	Nett
				\$ 291.00	Nett
	Labour Charge				
	PANEL BEATING			\$ 600.00	<i>560</i>
	SPRAY PAINTING CHARGE			\$ 600.00	<i>500</i>
	TUFF KOTE			\$ 60.00	<i>40</i>
	CHECK ALL LIGHTING			\$ 60.00	<i>30</i>
	TOTAL LABOUR			\$ 1,320.00	
	ESTIMATE TOTAL			\$ 4,324.28	

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.

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:

Rasul

Hp 900 100 68

5 days

1/3

28/12/22 @ 1520

Resurvey after repair

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 Actual 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 28/12/2022 11:06 (SGT)
Reported by Driver
Date of Accident 27/12/2022 16:40 (SGT)
Exact Location of Accident 9 Cairnhill Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7253E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CITYCAB PTE LTD
Company Reg No 1XXXXX839G
Email Address fleetsafety@cdgtaxi.com.sg
Mobile Phone No (Phone) +65-91463333
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
Policy Number / Cover Note Number VFX/P2419140

DRIVER

Name of Driver TIANG GINN CHONG
NRIC No SXXXX083B
Date Of Birth 22/09/1973
Occupation Outdoor

Date Of Driving Pass	14/09/1992
Driving experience	30 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91463333
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 250 LOR CHUAN # 15 - 01
Address complement	-
Postcode	556748
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 - Change/cross lane
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

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 27.12.2022 AT ABOUT 1640HRS I WAS DRIVING MY VEHICLE A SHC7253E FETCHING MY PASSENGERS TO CARLTON CITY HOTEL. MY VEHICLE A WAS ON THE 2ND LANE OF CAIRNHILL HILL ROAD. NEAR UNIT 9 VEHICLE B SJX6310X ON MY LEFT, CUT INTO MY LANE. HIS VEHICLE B RIGHT FRONT DOOR THEN SIDE SWIPE MY VEHICLE A LEFT FRONT. MY PASSENGERS ARE NOT INJURED AND THEY HAD TO GET THEMSELVES TO THEIR DESTINATION. SCENE PHOTOS TAKEN. ONLY HANDPHONE 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX6310X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96898837
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	RIGHT FRONT DOOR
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.
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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.



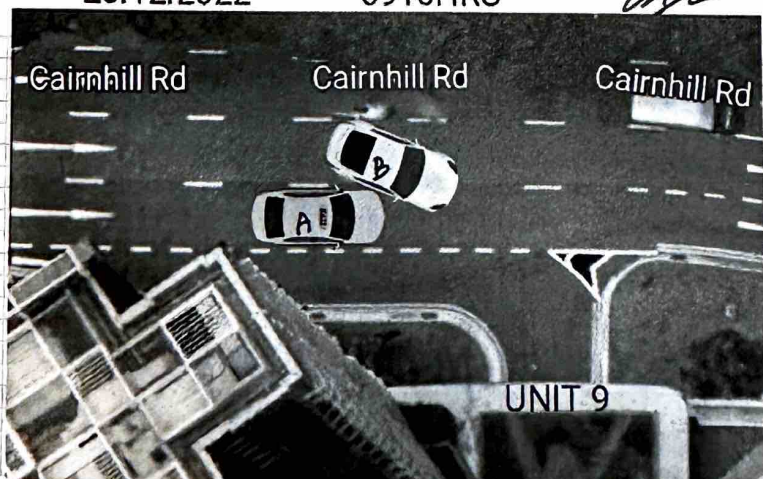
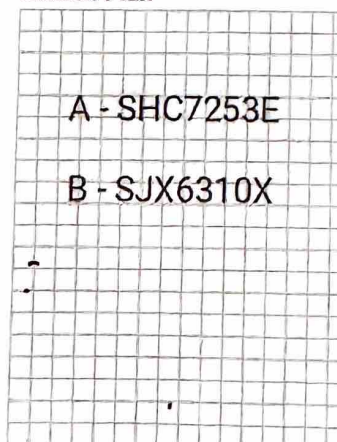
**FLASH ACCIDENT
REPORTING OFFICER**
KYMI YONG



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
28.12.2022 0910HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

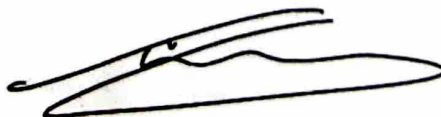
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MY PASSENGERS ARE NOT INJURED AND THEY HAD TO GET THEMSELVES TO THEIR DESTINATION.

SCENE PHOTOS TAKEN. ONLY HANDPHONE 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 28.12.2022 0915HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG



Witnessed by Reporting Centre Personnel



> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	
Vehicle No.:	SHC7253E
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Dec 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	D4FDGU671689
Chassis No.:	KMHLB41UMGU093571
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,718.00
Original Registration Date:	25 Aug 2016
First Registration Date:	25 Aug 2016
Transfer Count:	0
Actual ARF Paid:	\$18,718.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Aug 2024
PARF Rebate Amount:	\$12,166.00
Intended COE Rebate Details	
COE Expiry Date:	24 Aug 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,215.00
COE Rebate Amount:	\$8,517.00
Total Rebate Amount:	\$20,683.00