

ASS. REC. BY:

Print

CS/ICS 24100293/2VP³

ASSIGNMENT

CUB 27 Jan 2029
28 Jan 2021

From: _____ Date: _____

Estimated Cost: _____

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLC 3277R

Policy No: _____

Claims No. DMPC2401380H/02/CT

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repair: 9 days Res: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 7378Y

Yr Regn: 28 Jan 2021

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

Truck / Trailer or

Make: Hyundai Ioniq cc 1580

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 383922 T/Radio: Insured / Std / NI / NA

Eng No: G4LBKU417043

C/No: KMHC851 CVLU192010

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 195/65 R15

R: 11

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

TOYO / YOKO or Davanti

Front

Rear

R/Bal: 5 mm R/Bal: 5 mm

L/Bal: 5 mm L/Bal: 5 mm

D.O.A: 12/10/2024 D.O.I: 17/10/2024

Survey held at Infront Lorry

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

H/s Rint.

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

Date / Time Action / Instruction

ECILS SLC 3277R

02/01/25 To seek approval Hs 12,100/- with 2 dgs of 2

7/1/25 LS \$12,100 (red 21,420.59, 63%)

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 9

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S+RS: \$

Photos

Others:

TOTAL

Report Format: _____

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

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SH7378Y
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2024
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU417043
Chassis No.:	KMHC851CVLU192010
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,602.00
Original Registration Date:	28 Jan 2021
First Registration Date:	28 Jan 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jan 2029
PARF Rebate Amount:	\$3,750.00

Intended COE Rebate Details

COE Expiry Date:	27 Jan 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$30,510.00
COE Rebate Amount:	\$16,167.00
Total Rebate Amount:	\$19,917.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be deregistered once the COE expires, or when it reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 14 Oct 2024

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 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 First Submission	14/10/2024 10:24 (SGT)
Reported by	Actual Driver
Date of Accident	12/10/2024 11:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS (AFTER THOMPSON EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH7378Y

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) +65-81003422
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	HEV FL 1.6 DCT
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	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVLU192010
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	KWEK CHENG HWA
NRIC No	SXXXX566A
Date Of Birth	08/12/1970
Occupation	Outdoor
Driving Pass Date	01/06/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81003422
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 340 HOUGANG AVENUE 07 #03-441
Address complement	-
Postcode	530340
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?	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
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 121024 AT ABOUT 1115HRS WHILE I WAS DRIVING VEHICLE A SH7378Y ON THE WAY TO DROP OFF MY PASSENGER EN-ROUTE FROM BOON KENG ROAD TOWARDS WOODLANDS CHECKPOINT WHILE TRAVELLING ALONG PIE ON LANE 1 SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SLC3277R WHICH WAS TRAVELLING ON LANE 2 MADE A LANE CHANGE FROM LANE 2 TO LANE 1 AND COLLIDED TO VEHICLE A CAUSING DAMAGES TO VEHICLE A.

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	SLC3277R
Vehicle Manufacturer	Mercedes
Vehicle Model	E200K
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	PAVEL TKALICH
NRIC No	SXXXX582B
Contact Number	(Phone) +65-92709398
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KWEK CHENG HWA
Gender	Male
Phone No	(Phone) +65-81003422
Address	BLK 340 HOUGANG AVENUE 07 #03-441
Address Complement	-
Post Code	530340
Approximate Age Years Old	53
Injuries Sustained	FEELING UNWELL 5DAYS MC
Injured person in which vehicle?	SH7378Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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 lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the center 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.

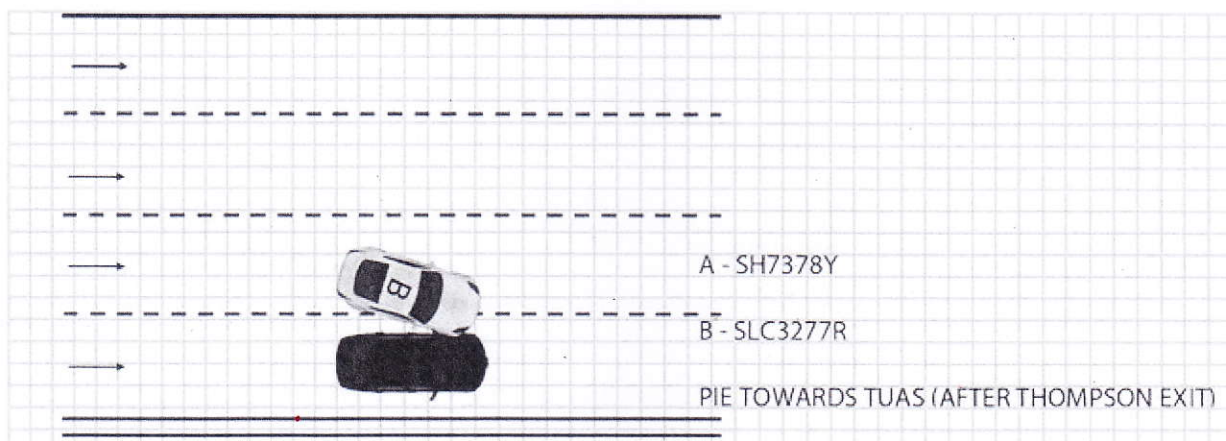
Policyholder's Signature / Date & Time

Sketch Plan

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

12102024
1730HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 121024 AT ABOUT 1115HRS WHILE I WAS DRIVING VEHICLE A SH7378Y ON THE WAY TO DROP OFF MY PASSENGER EN-ROUTE FROM BOON KENG ROAD TOWARDS WOODLANDS CHECKPOINT WHILE TRAVELLING ALONG PIE ON LANE 1 SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SLC3277R WHICH WAS TRAVELLING ON LANE 2 MADE A LANE CHANGE FROM LANE 2 TO LANE 1 AND COLLIDED TO VEHICLE A CAUSING DAMAGES TO VEHICLE A.

Declaration

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

12102024
1730HRS

Witnessed by Reporting Centre Personnel



BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 14-Oct-24

INSURANCE: ECICS

MODEL: HYUNDAI IONIC

VEHICLE NO.: SH 7378 Y

Description	Qty	List Price	Amount
Front Bumper Cover <i>bt mainly broke</i>	1	\$ 481.10	\$ 481.10
Front bumper top cover <i>HH</i>	1	\$ 476.30	\$ 476.30
Front Bumper Moulding Centre Upper <i>mainly broke</i>	1	\$ 368.50	\$ 368.50
Front Bumper Bracket Top (LH) <i>HH</i>	1	\$ 35.00	\$ 35.00
Front Bumper Bracket (LH) <i>broke</i>	1	\$ 28.00	\$ 28.00
Front Bumper Retainer Mounting (LH) <i>HH</i>	1	\$ 65.30	\$ 65.30
Front Bumper Clips 10 pcs <i>HH</i>	1	\$ 25.00	\$ 25.00
Front Bumper Grille (LH) <i>damaged</i>	1	\$ 186.90	\$ 186.90
Front bumper air duct (LH) <i>HH</i>	1	\$ 153.80	\$ 153.80
Day Light ,LH <i>mainly broke</i>	1	\$ 642.50	\$ 642.50
Headlamp Support Panel Assy <i>broke</i>	1	\$ 1,139.30	\$ 1,139.30
Headlamp(LH) <i>mainly broke</i>	1	\$ 3,987.30	\$ 3,987.30
Frt Pillar Upper Cover - outer (LH) <i>damaged</i>	1	\$ 89.60	\$ 89.60
Front Fender(LH) <i>damaged</i>	1	\$ 490.70	\$ 490.70
Front Fender Apron Panel (LH) <i>HH</i>	1	\$ 756.20	\$ 756.20
Front Fender Apron Panel Upper(LH) <i>HH</i>	1	\$ 329.00	\$ 329.00
Front Fender Shield (LH) <i>damaged</i>	1	\$ 164.70	\$ 164.70
Frt Door(LH) <i>HH</i>	1	\$ 1,797.20	\$ 1,797.20
Frt Door Rubber <i>HH</i>	1	\$ 250.00	\$ 250.00
Front Door Regulator (LH) <i>broke</i>	1	\$ 750.40	\$ 750.40
Front Door Power Motor, LH <i>HH</i>	1	\$ 689.20	\$ 689.20
Front Door Hinge Upper (LH) <i>HH</i>	1	\$ 165.76	\$ 165.76
Front Door Hinge Lower (LH) <i>HH</i>	1	\$ 153.70	\$ 153.70
Front Door Check (LH) <i>HH</i>	1	\$ 72.98	\$ 72.98

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