

ASS. REC. BY:

REF: NS/INC20005100/FQ F3

Ram

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 5116808895 (23/03/2020-22/03/2021)

Claims No. MT/1091677-001

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

XX	
N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: 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:

SHA7866Y

Yr Regn:

17/08/2018

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

Truck / Trailer or

Make:

Hyundai i10 (G2)

c.c 1580

Colour:

blue

A/C: Insured / Std / NI / NA

Sp. Reading

230480

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHC8S1CVKU06551

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 195/65R15

R:

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

TOYO / YOKO or

DURAMATURN

Front

Rear

R/Bal.

7 mm

R/Bal.

8 mm

L/Bal.

7 mm

L/Bal.

8 mm

D.O.A.

07/04/2020

D.O.I.

8/04/2020

Survey held at

comfortdelgas (Loyang)

Des. of Damages:

Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

NTUC
P/P

P/P: \$964.64 = with 2 repair days (Red \$1517.68,61)

confirm on 21/4/2020 with charge.

Date/Time, File Pass to?



: Preli. Report

1) 21/04 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Report Format:

TP

Comp. Fee / P/P: \$ 964.64

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Our Job Ref No : 305392720

Date : 20/04/20

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHA7866Y

07/04/20

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

Z The repair job shall bill to: NTUC FBG1353P

2. The finalized amount shall be:

(a) Spare Parts after List discount

~~\$384.64~~ \$384.64

(b) Labour Charges

~~\$580.00~~

Total for Part-By-Part Repair Cost

~~\$964.64~~ \$964.64

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance:-

We confirm the estimates and finalized amount

Signature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : Ram

Date : 21/4/2020

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305392720
REGN NO : SHA7866Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 17.08.2018
DATE/TIME IN : 07.04.2020 16:50
ACCIDENT DATE : 07.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G IONIQV2&3 COVER-FR BUMPER 1 418.30 20.00 334.64

SUB-TOTAL : ~~334.64~~ \$ 334.64

JOB NATURE

0000 20-05 FRT NUMBER PLATE GARNISH

50.00

0001 PB PANEL BEATING

320.00

0002 SP SPRAYPAINT CHARGE

200.00

0003 17-01 CHECK ALL LIGHTING

30.00

0004 20-00 TUFF COAT ON AFFECTED PARTS.

30.00

SUB-TOTAL : 630.00

TOTAL : 964.64

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDEIGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA7866Y

31/03/20

MAKE :

MODEL IONIQ G3

CHIANG/ NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT RADIATOR GRILLE <i>Xmn</i>			\$1,409.10
1	FRONT BUMPER <i>crs</i>			\$418.30
1	FRONT BUMPER BRACKET RH <i>xmn</i>			\$28.00
10	FRONT BUMPER CLIPS <i>xhn</i>			\$22.00
	FRONT BUMPER CENTRE MOULDING <i>xmn</i>			\$188.00
	SUB TOTAL			\$2,065.40
	20.00%			\$413.08
	DISCOUNTED TOTAL			\$1,652.32
1	FRONT NUMBER PLATE GARNISH <i>scr</i>			\$50.00
	Labour Charge			
	Panel Beating			\$380.00 <i>\$320</i>
	Spray Painting Charge			\$280.00 <i>\$200</i>
	Check Wiring			\$60.00 <i>\$30</i>
	Tuff kote			\$60.00 <i>\$30</i>
	TOTAL LABOUR			\$780.00
	ESTIMATE TOTAL			\$2,482.32
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 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:

Ram (xxx)
8/04/2020 1240
88622728 @lkkauto.com
P/P
Bed print photo
2 repair days

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508869

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609266

320 Pandan Road Singapore 609649

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 08.04.2020 10:07

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.:305392720

STOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

COUNT CARD NO.

REGN NO:

SHA7866Y

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

07.04.2020 16:50

YR OF MANU

17.08.2018

TARGET DATE

CHASSIS CODE

KMHC851CVKU106551

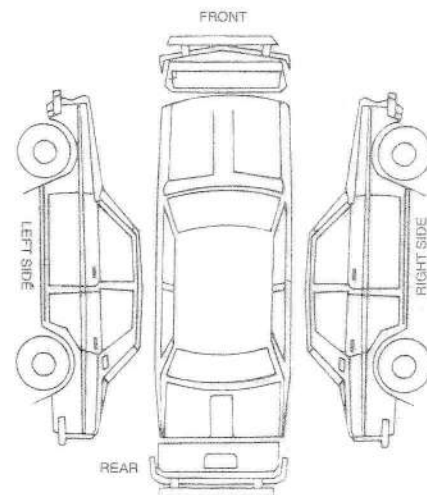
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 07.04.2020

NATURE: 3P 07.04.2020

S/NO LABOR CODE DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

Vehicle No.: SHA7866Y CHIANG

Vehicle No.: SHA7866Y

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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 Report	07/04/2020 17:37
Date Of Accident	07/04/2020 16:15
Exact Location Of Accident	ALONG BUKIT BATOK INDUSTRIAL PARK A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7866Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	TAN KENG LYE
NRIC No	SXXXX491B
Date Of Birth	05/11/1952
Occupation	OUTDOOR
Date Of Driving Pass	20/03/1980
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93639896
Fax Number	
Contact Number	
EEmail Address	T_KENGLYE@YAHOO.COM

Address	545 #02-12 CHOA CHU KANG STREET 52
Postcode	680545
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG1353P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RIDER
Approximate Age	
Injuries Sustain	LEG
Injured person in which vehicle?	FBG1353P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared/disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


OMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 199303521R

Policyholder's Signature
Date & Time:

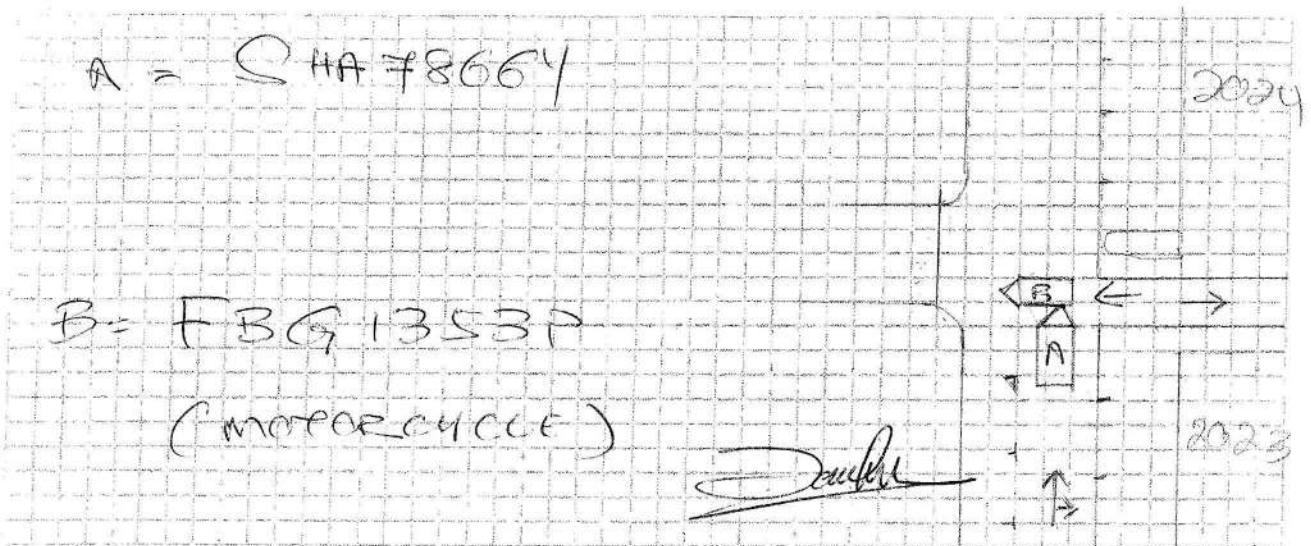


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Olivia Wendy



Reporting Centre Personnel's Signature
Name: 07 APR 2020
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

BULLET EATOR IND PART A

DECLARATION

We declare the foregoing particulars are true in every respect.

OMPORT TRANSPORTATION PT
CO. REG. NO. 109303621R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 97 APR 2020

H2SIDE BIKE

Describe Circumstances of the Accident.

On the 07/04/2020 @ about 16:15hrs, I was driving along Bukit Batok Industrial Park A direction with no passenger on board my taxi.

As I was driving suddenly a motorcycle of FBG1353P drive out from a small lane so I jammed
brake to avoid the collision. However the said motorcycle hit onto my taxi front left portion.

The motorcycle was driving out from the opposite direction, ~~against~~ ^{against} the flow of traffic

The rider leg was limping from the impact.

I'm not injured as well.

Declaration

I/We declare the foregoing particulars are true in every respect.

JAMPORT TRANSPORTATION PTE LTD
CO REG NO 1929021R

Policyholder's Signature/Date &
Time

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

Olivia Wendy

Witnessed by Reporting
Centre Personnel

07 APR 2020

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SHA7866Y
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Apr 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	G4LEJU076612
Chassis No.:	KMHC851CVKU106551
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,759.00
Original Registration Date:	17 Aug 2018
First Registration Date:	17 Aug 2018
Transfer Count:	0
Actual ARF Paid:	\$11,663.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Aug 2026
PARF Rebate Amount:	\$8,747.00

Intended COE Rebate Details

COE Expiry Date:	16 Aug 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$27,358.00
COE Rebate Amount:	\$21,731.00
Total Rebate Amount:	\$30,478.00

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 08 Apr 2020

OK