

Rain

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.

N/S	O/S

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

Veh No: SHC2291C Regt: 22/10/2019
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Hyundai (orig G3) cc: 1580
 Colour: blue A/C: _____ Insured / Std / NI / NA
 Sp Reading: 4007 T/Radio: Insured / Std / NI / NA
 Eng/No: _____

C/No: KMH08SICVLUI86814

Gen. Cond: Good / Fair / Poor / Burnt

Steering: order / Jammed / Leaked / Burnt or

Brake: order / Jammed / Leaked / Burnt or

Modi: Nil / 6/Rim / STD A/Rim or

Tyre Size: F: 195/65R105

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / WIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 8 mm

L/Bal. 7 mm

L/Bal. 8 mm

D.O.A. 06/04/2020

D.O.I. 8/04/2020

Survey held at comfortdelgro (loyal)

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

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

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 / L&M: _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC2291C

DATE: 7. Apr. 2020

MAKE : HYUNDAI

NO INS.

MODEL : IONIQ

DOA: 31. Mar. 2020

RECORD

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover DEF/cra			\$418.30
1	Front Bumper Bracket - RH xnn			\$28.00
	Front Bumper Top Bracket - RH ?			\$12.00
10	Front Bumper Clips nec		\$2.20	\$22.00
1	Front Bumper Grille - RH scr (moulding only)			\$186.90
1	Front Fender - RH xnn			\$490.70
1	Front Fender Emblem - Bluedrive xnn			\$26.60
1	Headlamp - RH scr/cra			\$1,993.65
1	Headlamp Support Panel ?			\$949.30
SUB TOTAL				\$4,127.45
LESS 20%				\$825.49
DISCOUNTED TOTAL				\$3,301.96
				\$-
Labour Charge				
1	Panel Beating			\$700.00 \$320
1	Spray Painting Charge			\$500.00 \$200
1	Wiring Charge			\$80.00 \$30
1	Tuff Kote			\$80.00 \$30
TOTAL LABOUR				\$1,360.00
ESTIMATE TOTAL				\$4,661.96

Ram(LKK)
8/04/2020 1250
ParaSure@hkrasto.com
88622778
Beffprint
photo
2 days

Larry Ng

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.

Date/Time: 07.04.2020 12:11
JOB CARD

Page : 1

Team: ARC Repair TP(CLSO)1

Sales Order:

JC NO 305392298

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

VARs

(B)

REGN NO:	SHC2291C	MILEAGE
MAKE	HYUNDAI	FUEL
MODEL	IONIQ(G3)	E..... 1/2..... F
YR OF MANU.	22.10.2019	DATE/TIME IN
CHASSIS CODE	KMHC851CVLU186814	06.04.2020 16:15
		TARGET DATE
		COMPLETION DATE/TIME

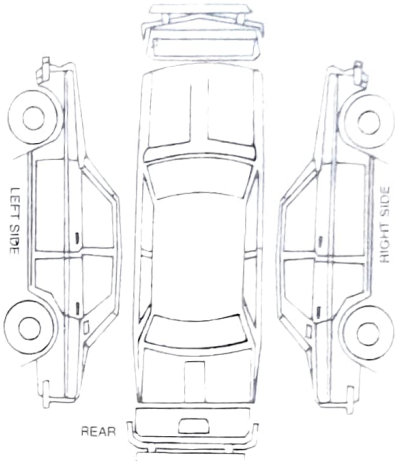
ACCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.04.2020
NATURE: 3P 06.04.2020

TAKE PHOTOGRAPH
BEFORE / AFTER
SPRAY PAINTING

TO LABOR CODE DESCRIPTION
NTUC - Right Front
LKR/



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHC2291C

LARRY

Vehicle No.:

SHC2291C

Signature/Date

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	06/04/2020 17:08
Date Of Accident	06/04/2020 00:30
Exact Location Of Accident	BLK 942 TAMPINES ST 91
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC2291C
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	SURESH S/O KUNASEGARAM
NRIC No	SXXXX155C
Date Of Birth	30/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97645602
Fax Number	
Contact Number	
EMail Address	KSURESH97645602@GMAIL.COM

Address	BLK 916 TAMPINES STREET 91 #09-79
Postcode	520916
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	SIDE SWIPE
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?	NO
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

PLS REFER TO ATTACHED

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	GBJ6632K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOH JI SHENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT REAR
No. Of Passenger (Including Driver)	

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:

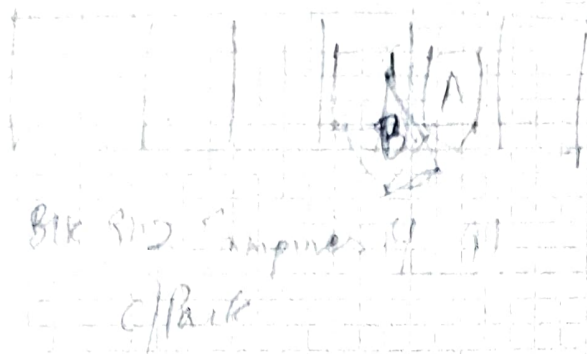
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information setout in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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



A) SHC 2291C
B) GBT 6632K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/4/20 at about 0030h when I Veh A had parked my vehicle at the carpark, noticed some guys standing around my vehicle. When approached ~~the~~ one guy said he was the driver of Veh B and exchanged particulars with me. I understood from him that while he was exiting from the lot on the right where my vehicle was parked and grazed the right front portion of my parked vehicle.

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CORP. REG. NO. 199303621K

Policyholder's Signature
Date & Time:

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

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHC2291C
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Apr 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU399105
Chassis No.:	KMHC851CVLU186814
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,695.00
Original Registration Date:	22 Oct 2019
First Registration Date:	22 Oct 2019
Transfer Count:	0
Actual ARF Paid:	\$12,973.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Oct 2027
PARF Rebate Amount:	\$9,729.00

Intended COE Rebate Details

COE Expiry Date:	21 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$24,460.00
COE Rebate Amount:	\$23,038.00
Total Rebate Amount:	\$32,767.00

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