



**REPAIR DETAILS****Reference****Part Source:** MRM-SG      **Version:** 1.0 (Last Synchronised: 20 Apr 2020)**Parts:** 192      HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's      (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHD4828L/20/04/2020 10:12**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk \*.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER ?	20.00	0.00	*459.40 FL
2	1		*REAR BUMPER CENTRE MOULDING scr/cra	20.00	0.00	*451.20 FL
3	1		*REAR BUMPER REINFORCEMENT BRACKET LH/RH x m	20.00	0.00	*138.10 FL
4	1		*REAR BUMPER REINFORCEMENT x m	20.00	0.00	*294.80 FL
5	1		*REAR BUMPER FOG LAMP x m	20.00	0.00	*201.50 FL
6	1		*REAR BUMPER RUBBER MAT x m	0	0.00	*50.00 FS
7	1		*REAR BUMPER REVERSE SENSOR ?	0	0.00	*180.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>1,775.00</b>
<b>- List Item Discount on L Items (\$\$)</b>	<b>309.00</b>
<b>Total Parts (\$\$)</b>	<b>1,466.00</b>

ComfortDelGro Engineering Pte Ltd/SHD4828L/20/04/2020 10:12. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

**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:



## Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<b>Miscellaneous Items</b>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New \$320	760.00
2	SPRAY PAINTING	New \$200	280.00
3	CHECK LIGHTING	New xnn	30.00
4	REMOVE/REFIX REVERSE SENSOR	New /	60.00
Gross Labour Cost (S\$)			1,130.00

ComfortDelGro Engineering Pte Ltd/SHD4828L/20/04/2020 10:12. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ram (LKK)  
20/4/2020 15:15  
Ramesh@lkk.com  
88655778  
P/F  
24 days

**LKK Auto Consultants** hence notify the Repairer of the following:

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Acknowledged by Repairer  
Signature:  
Date:

## ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300

**TP INSURER:** **Tokio Marine Insurance Singapore Ltd (HQ)**  
**CTPL**

Singapore

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	18/04/2020
Vehicle Reg. No.:	<b>SHD4828L</b>	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	19/12/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU400812	Chassis No:	KMHC851CVLU187555
Odometer:	46411 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	<b>NO</b>		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

**COST OF CLAIMS**

	<b>Amount</b>
Parts	1,466.00
Miscellaneous Items	11.00
Labour	1,130.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>2,607.00</b>
<b>+ GST 7.00% (S\$)</b>	<b>182.49</b>
<b>Nett Amount (S\$)</b>	<b>2,789.49</b>

**This claim is handled by: CHIANG LIAT CHOON**

Generated using Merimen e-Claims Internet Estimation & Adjusting System

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305394621

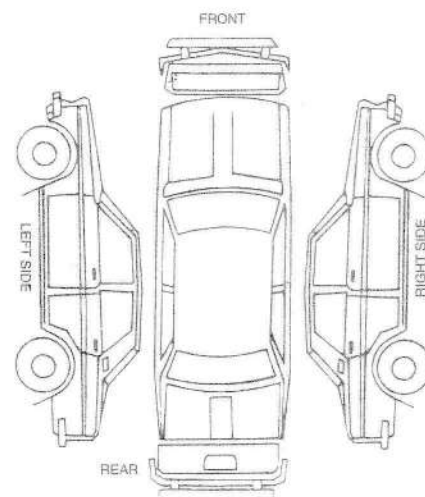
STOMER	REGN NO.: SHD4828L	MILEAGE
/MS	MAKE : HYUNDAI	FUEL
STOMER NO. 7010045	MODEL IONIQ(G3)	E.....1/2.....F
DRESS 383 SIN MING DRIVE	YR OF MANU 19.12.2019	DATE/TIME IN 18.04.2020 11:00
Singapore SINGAPORE 575717	CHASSIS CODE RMHC851CVLU187555	TARGET DATE
65508755 (R) (P) (O)	COMPLETION DATE/TIME:	
COUNT CARD NO.		

### JOB DESCRIPTION

Accident Date: 18.04.2020

NATURE: 3P 18.04.2020

S/NO LABOR CODE DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHD4828L LIMITS

Vehicle No.: SHD4828L

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	18/04/2020 11:36
Date Of Accident	18/04/2020 06:15
Exact Location Of Accident	NEW BRIDGE RD X OUTRAM RD NEAR DORSET HOTEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4828L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.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	NG THAI ENG
NRIC No	SXXXX131J
Date Of Birth	20/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1973
Driving Experience	46 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82826913
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 114 BUKIT PURMEI ROAD #07-233
Postcode	090114
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	COLLISION - HEAD TO REAR
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20200418/2008

#### 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	SLP1948H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HEANG WENG LUN
NRIC/Passport Number	
Contact Number	93381405
Address	
Postcode	

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

NG THAI ENG

Approximate Age

Injuries Sustain

STRAIN AND NUMBNESS ON LIMBS

Injured person in which vehicle?

SHD4828L

Were seat belts worn?

YES

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.

COMFORT FILM 30 mil x 60 ft PER LIN  
CO. POLY. 800-447-9999

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.:

Refer Attachment -

A) SHD4828L

B) SLP1948H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/20/2004 18/2008

DECLARATION

We declare the foregoing particulars are true in every respect.

COMBUSTIBLE LIQUID - 100% ALCOHOL  
COLLECTED FOR ANALYSIS

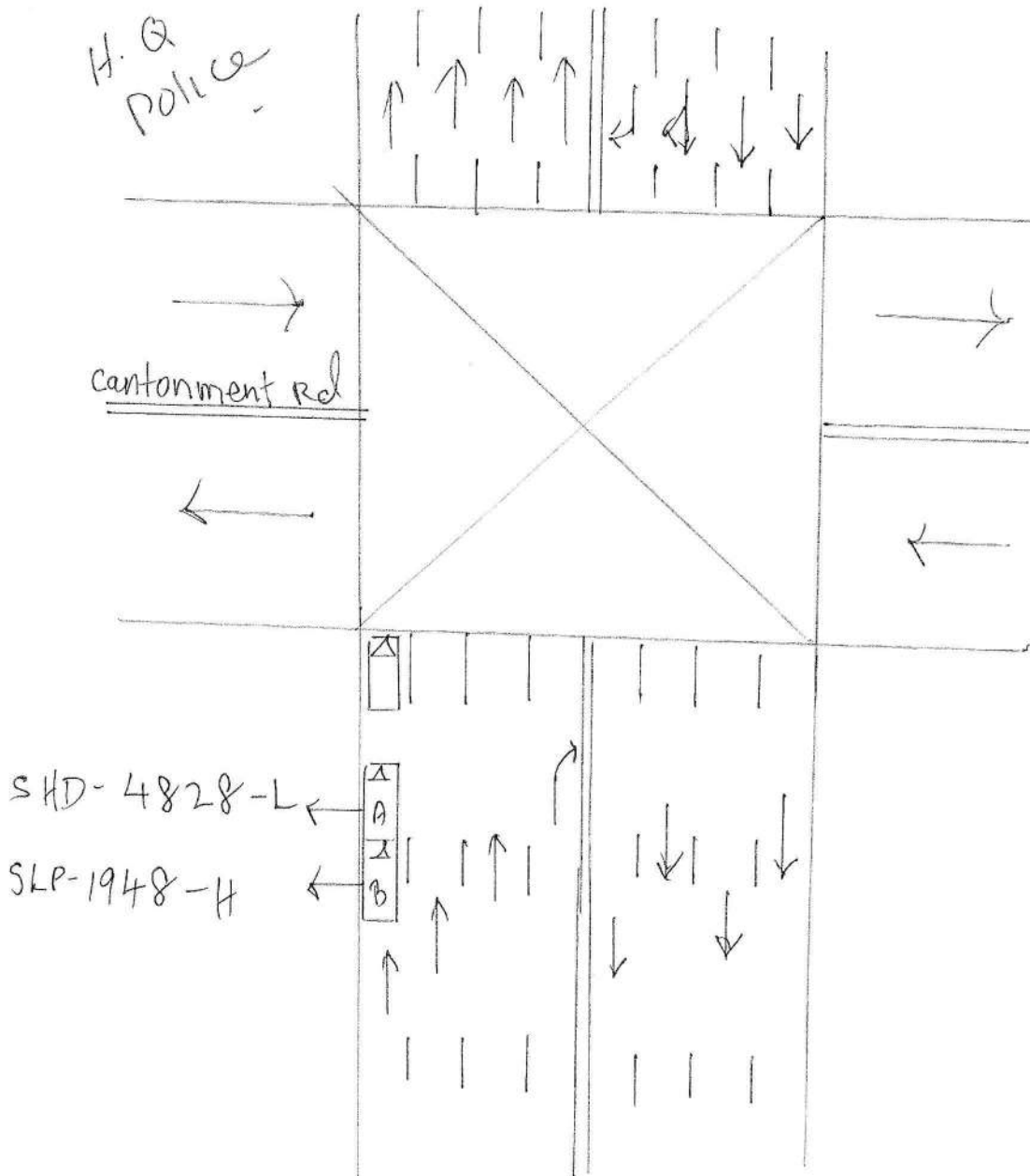


Policyholder's Signature  
Date & Time:

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

  
SR Moorthy  
CSO 18/4/20

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



New Bridge Rd

~f

*[Signature]*  
SR Moorthy  
CSO  
18/4/20





**SINGAPORE  
POLICE FORCE**



T/20200418/2008

1 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20200418/2008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/04/2020 10:08	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars			
Name of Informant: NG THAI ENG		Address: APT BLK 114 BUKIT PURMEI ROAD #07-233 SINGAPORE 090114	
ID Type / ID No.: NRIC NO / S0155131J		Contact No.: Home/Office: 82826913      Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 20/12/1951	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/04/2020 06:15	Type of Location: Straight Road
Location: Along Road 1 NEW BRIDGE ROAD OUTRAM ROAD NEAR TO DORSET HOTEL Lamp Post Number: 49F				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4828L	Car					0
SLP1948H	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200418/2008

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20200418/2008

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NG THAI ENG	ID No.	S0155131J
Related Vehicle	SHD4828L (Car)	Contact No.	82826913
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	18/04/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Driver</b>			
Name	CHEANG WENG LUN	ID No.	S8840081Z
Related Vehicle	NIL	Contact No.	93381405
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 18/04/2020, at around 0615hrs, I was driving my taxi (SHD4828L) along New Bridge Road on lane 4 of the four lanes road. I noticed that the traffic light ahead were amber and as such, I slowed down gradually. Out of a sudden, I felt an impact from the rear of my vehicle. Another car (SLP1948H) had collided onto the rear of my taxi.

After regaining my composure, I alighted from my car and met up with the other driver. He kept apologizing to me. We exchanged particulars and decided to move off thereafter so as to not cause further congestion. I noted that my taxi's rear bumper sustained scratches and a slight dent. My taxi's rear bonnet was also misaligned due to the impact.

After the accident, I resumed with my errands. Shortly after, I felt discomfort (strain and numbness) on different part of my limbs and hence, went to consult a doctor at Y M Chan Clinic & Surgery and was given 5 days of Medical Leave.

My in-car camera only record footages from the front sight.



**SINGAPORE  
POLICE FORCE**



T/20200418/2008

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20200418/2008

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 TYLER LIM SI HAO	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2020 10:08
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	



[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

### Vehicle Details

Vehicle No.:

SHD4828L

Vehicle to be Exported:

No

Intended Deregistration Date:

20 Apr 2020

Vehicle Make:

HYUNDAI

Vehicle Model:

AE IONIQ HEV FL 1.6 DCT

Primary Colour:

Blue

Manufacturing Year:

2019

Engine No.:

G4LEKU400812

Chassis No.:

KMHC851CVLU187555

Maximum Power Output:

103.6 kW (138 bhp)

Open Market Value:

\$25,351.00

Original Registration Date:

19 Dec 2019

First Registration Date:

19 Dec 2019

Transfer Count:

0

Actual ARF Paid:

\$12,492.00

### Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

18 Dec 2027

PARF Rebate Amount:

\$9,369.00

### Intended COE Rebate Details

COE Expiry Date:

18 Dec 2027

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$25,581.00

COE Rebate Amount:

\$24,492.00

**Total Rebate Amount:**

**\$33,861.00**

### 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 20 Apr 2020

OK