

ASS. REC. BY: RamREF: NS/INC20005506/F9A3

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. _____

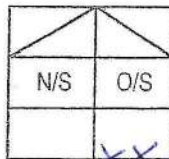
Claims No. MT/1092027-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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: SHB 4842E Yr Regn: 1/08/2018Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai ioniq (G2) C.C. 1580Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 359707 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH0851CVJU103619*Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 R15

R: _____

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

TOYO / YOKO or DAVANTI

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 8 mmL/Bal. 7 mm L/Bal. 8 mmD.O.A. 29/4/2020 D.O.I. 30/4/2020Survey held at comfortdegro (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: \$1041/- with 2 repair days (Red \$755.12, 42%)

Confirm on 4/5/2020 with LINTS

Date/Time, File Pass to?



Prel. Report

1/05/05 Typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format: TPComp. No. / REF: 1041Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305396910

Date : 02/05/20

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

FINALIZATION FORM

To : NTUC

Fax :

Attn : RAM

Vehicle Reg No. : SHB4842E

Date of Accident : 29-Apr-20

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

1. The repair job shall bill to: NTUC --- SLR2632B

2. The finalized amount shall be:

(a) Spare Parts after List discount

\$361.00

(b) Labour Charges

\$680.00

Total for Part-By-Part Repair Cost

\$1,041.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

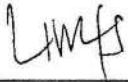
Final Lumpsum Repair cost

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : RAM

Date : 4/5/2020

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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 29.04.2020

REPAIR ESTIMATE

Time: 16:01:11

Page: 1/2

NTUC-CP/P)

LKF - Ram

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305396910
 REGN NO : SHB4842E
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 01.08.2018
 DATE/TIME IN : 29.04.2020 13:55
 ACCIDENT DATE : 29.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	X(R)
0002 04-01-0104-2533-G	REAR BUMPER CENTER-Black	1	451.25	20.00	361.00	Def -
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00	20.00	17.60	Xun
0004 04-01-0104-1150-A	REAR BUMPER MAT	1	50.00		50.00	Xun
0005 09-01-9999-0068-A	REVERSE SENSOR	1	180.00		180.00	Xun

SUB-TOTAL : 976.12

JOB NATURE

0000 PB	PANEL BEATING	350.00	\$320
0001 SP	SPRAYPAINT CHARGE	250.00	\$200
0002 L	R/I REVERSE SENSOR	120.00	\$60
0003 20-05	Rear Bumper Adv.Sticker	100.00	net

SUB-TOTAL : 820.00

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 (LKK)
 30/4/2020 1115 hrs
 Ravasuram@lkkauto.com
 88622718
 aft repair photo
 2 repair days

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 29.04.2020

Time: 16:01:11

Page: 2/2

NTUC - OP/P)

Lkr - Ram

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305396910
REGN NO : SHB4842E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.08.2018
DATE/TIME IN : 29.04.2020 13:55
ACCIDENT DATE : 29.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,796.12

Lmfs

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 8280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408849

24 Senoko Loop Singapore 758158
7 Sungai Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 29.04.2020 15:51

Page : 1

Team: ARC Repair TP(CFS0)1

JOB CARD

Sales Order:

JC NO.: 305396910

OWNER

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (R) (P) (O)

IDENTIFICATION CARD NO.

REGN NO.:

SHB4842E

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

DATE/TIME IN

29.04.2020 13:55

YR OF MANU.

01.08.2018

TARGET DATE

CHASSIS CODE

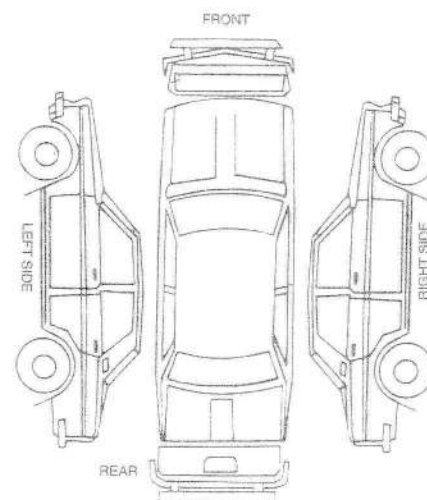
KMHC851CVJU103619

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.04.2020
NATURE: 3P 29.04.2020

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

Vehicle No.: SHB4842E

LIMITS

Vehicle No.:

SHB4842E

Service Advisor

Signature/Date

Name of Service Advisor

Date

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	29/04/2020 14:33
Date Of Accident	29/04/2020 10:40
Exact Location Of Accident	SLIP ROAD FROM SEMBAWANG ROAD TO YISHUN AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4842E
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LEONG HOONG KEE
NRIC No	SXXXX259J
Date Of Birth	25/05/1951
Occupation	OUTDOOR
Date Of Driving Pass	07/01/1974
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90601656
Fax Number	
Contact Number	
Email Address	LEONG@HOTMAIL.COM

Address	312 05-1214 YISHUN RING ROAD
Postcode	760312
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?	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	SLR2632B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO
NRIC/Passport Number	
Contact Number	98000680
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEONG HOONG KEE
Approximate Age	69
Injuries Sustain	NECK,BACK,SHOULDER
Injured person in which vehicle?	SHB4842E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.
T/20200429/2020.

DECLARATION

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

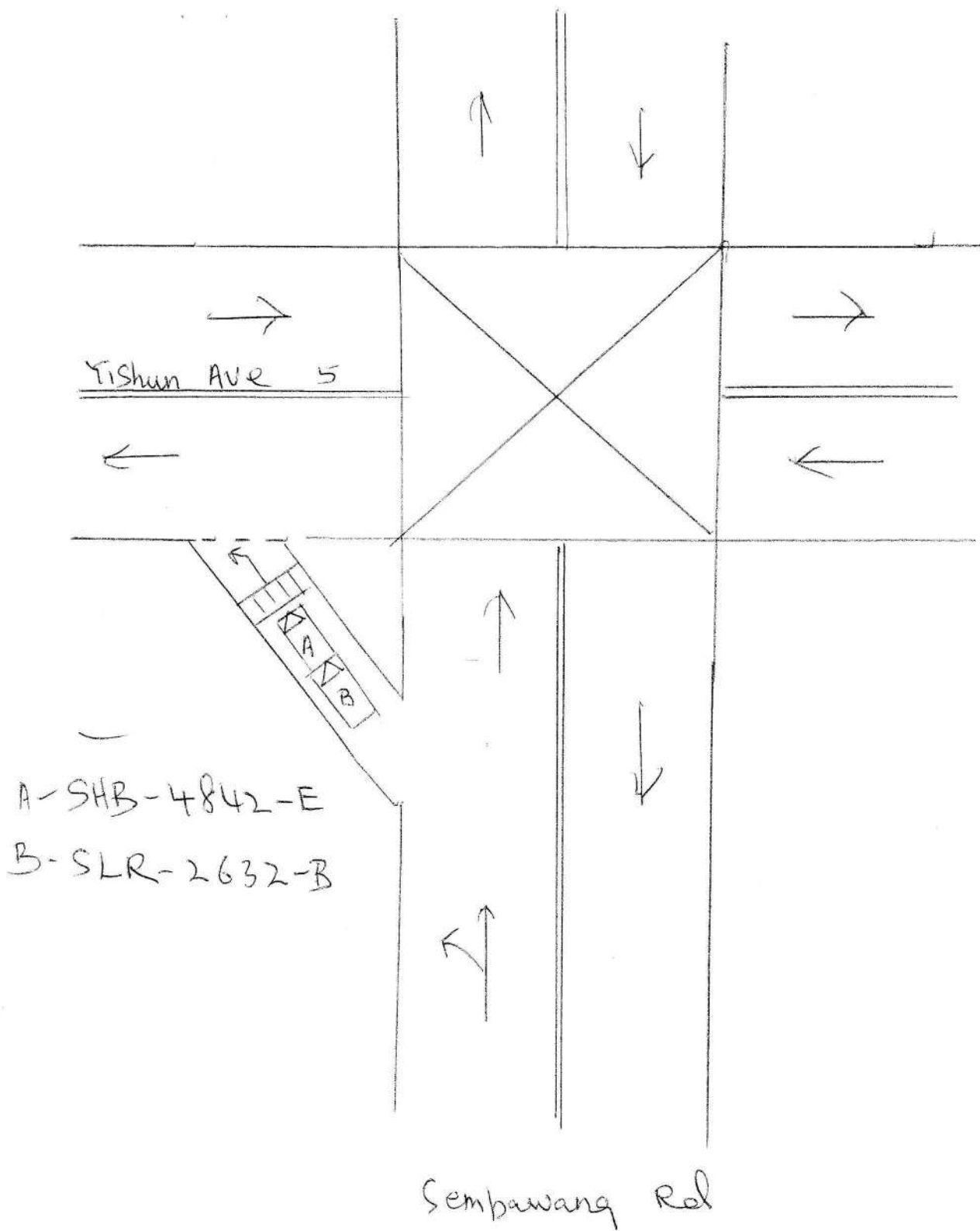
CITYCAB PTE LTD
O. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2





**SINGAPORE
POLICE FORCE**



T/20200429/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200429/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2020 13:07		Vide Report No.:		Station Diary No.: 47
Informant's Particulars				
Name of Informant: LEONG HOONG KEE		Address: APT BLK 312 YISHUN RING ROAD #05-1214 SINGAPORE 760312		
ID Type / ID No.: NRIC NO / S0027259J		Contact No.: Home/Office: Mobile: 90601656		
Nationality: SINGAPORE CITIZEN		Email: hk.leong@hotmail.com		
Sex: Male	Age: 68	Date of Birth: 25/05/1951	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: 29/04/2020 10:40	Type of Location: filter
Location: Along Road 1 SEBBAWANG ROAD along sembawang road towards Yishun Ave 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
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
SHB4842E	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200429/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20200429/2020

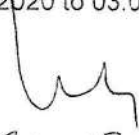
CONTINUATION OF REPORT

Brief Details.

On 29.04.2020 at about 1040hrs, while I was driving along Sembawang road, turn left filter lane towards yishun Ave 5. While I was inside the filter lane, one pedestrain cross the road, thus I stopped and out of sudden one vehicle SLR 2632B hit onto my rear.

During the accident nobody required any medical attention. The driver is one Mr Teo hp:98000680.

On the sameday at about 1215hrs, I went to seek medical attention and I was given 5d ays medical leave 29.04.2020 to 03.05.2020.


50027259-J



**SINGAPORE
POLICE FORCE**



T/20200429/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

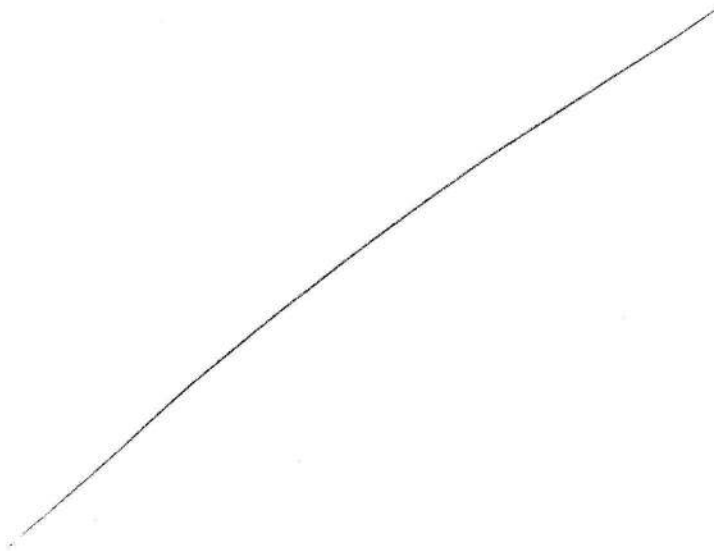
3 of 3

Report No. T/20200429/2020

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 /

SI CELESTE ANG XIAOHUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/04/2020 13:07

Officer In Charge Of Case:

TP / AEIT /

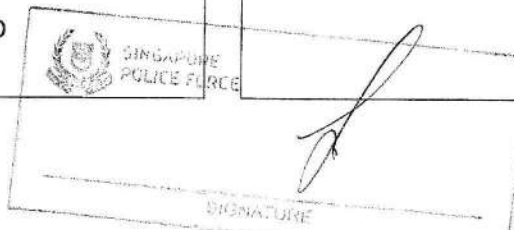
SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Company

839G

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

SHB4842E

No

30 Apr 2020

HYUNDAI

AE IONIQ HEV 1.6 DCT

Yellow

2018

G4LEJU046899

KMHC851CVJU103619

103.6 kW (138 bhp)

\$24,744.00

01 Aug 2018

01 Aug 2018

0

\$11,642.00

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Yes

31 Jul 2026

\$8,731.00

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

31 Jul 2026

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

8

\$27,358.00

\$21,373.00

\$30,104.00

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 30 Apr 2020

OK