

ASS. REC. BY: Rome

REF:

NS/INC20009091/R1vf3

821A

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

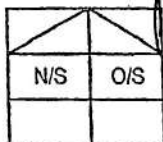
Insured: SKZ 6473SPolicy No. 5107658332-01Claims No. MT/1101404-002

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 3508HYr Regn: 2018 / OCT

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

Truck / Trailer or

Make: Hyundai / ONIX 1.6 DLTc.c. 1580Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 288954

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH2851CVK114841Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: ☒ Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

WESTLAK

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 26/08/2020D.O.I. 27/08/2020Survey held at Comfort Layanah

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

0/8 Frt

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

Date / Time	Action / Instruction
31/8/20	Final fig \$2564.52 confirmed by email (Red 1556.72, 38%)

Date/Time, File Pass to?

☐

: Prel. Report

Days Of Repair: 2

1)

☐

: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 31/8/20-Typist

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format: TPLump Sum / L.S. (\$) \$2564.52

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 27.08.2020
Time: 13:51:46
Page: 1

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

JOB NO : 305419024
REGN NO : SHA3508H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 24.10.2018
DATE/TIME IN : 27.08.2020 10:30
ACCIDENT DATE : 26.08.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G	IONIQV2&3 COVER-FR BUMPER	1 L	430.90	20.00	344.72	scr ✓
0002 04-01-0104-2971-G	IONIQVC BRACKET-FR BUMPER	1 L	35.00	20.00	28.00	?
0003 04-01-0104-3918-G	IONIQVC BRACKET-FR BUMPER	1 L	28.00	20.00	22.40	?
0004 04-01-0104-2915-G	IONIQV1-3 LAMP ASSY-HEAD	1 L	1,993.65	20.00	1,594.92	scr ✓
0005 04-01-0104-4991-G	IONIQV1-3 LAMP ASSY-DAY R	1 L	642.50	20.00	514.00	?
0006 04-01-0104-0633-G	IONIQV1-3 MOULDING-FRONT	1 L	93.60	20.00	74.88	scr ✓
0007 04-01-0104-0573-G	IONIQVC PANEL-FENDER RH#	1 L	588.80	20.00	471.04	X
0008 04-01-0104-3913-G	IONIQVC EMBLEM-BLUE DRIVE	1 L	26.60	20.00	21.28	X

SUB-TOTAL : 3,071.24

JOB NATURE

0000 L	PANEL BEATING
0001 23-502	SPRAYPAINT ON AFFECTED AREA
0002 17-01	CHECK ALL LIGHTING

~~500.00~~ 320

~~450.00~~ 200

~~50.00~~ 30

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 27/08/2020
Time: 11:00
Page: 2
DELGRO ENGINEERING
COMFORTDELGRO

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

JOB NO
REGN NO
MILEAGE
MAKE
MODEL
DATE OF REGN
DATE/TIME IN
ACCIDENT DATE

ARC RE
SHU
OON
HY
ION
24.10.20
27.08.20
26.08.20

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0003 20-00 TUFF COAT ON AFFECTED PARTS.

50.00 X

SUB-TOTAL : 1,050.00

TOTAL : 4,121.24

MVA NAME & SIGNATURE
DATE :

RASUL-Hp 90010068
SURVEYOR NAME & SIGNATURE
DATE: 27/08/2020 @ 1450
AUTHORISED : YES / NO

2 days
P/P

Ready before paint

08.2020
1:46

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

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

Workshops
59 Loyang Drive Singapore 508969 24 Seroko Loop Singapore 756156
383 Sin Ming Drive Singapore 575717 7 Sungai Kidul Way Singapore 726791
45 Pandan Road Singapore 609286 501 Yehun Industrial Park A Singapore 768732
320 Ulu Road Singapore 150549

Date/Time: 27.08.2020 12:17

Page : 1

der of COMFORTDELGRO

A: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305419024

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

REGN NO:	SHA3508H	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	IONIQ(G2)	DATE/TIME IN 27.08.2020 10:30
YR OF MANU.	24.10.2018	TARGET DATE
CHASSIS CODE	KMHC851CVKU114841	COMPLETION DATE/TIME:

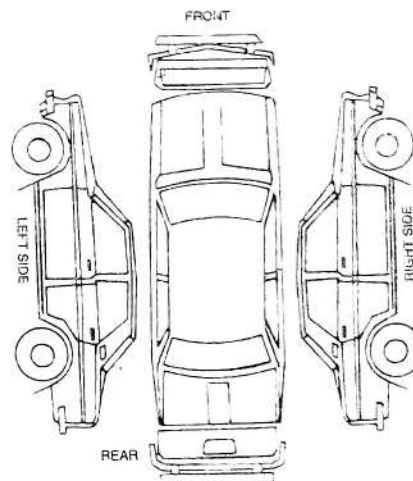
NTUC

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 26.08.2020
NATURE: 3P 26.08.2020

S/NO LABOR CODE DESCRIPTION



OKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHA3508H

LKE

Taufik

Vehicle No.:

SHA3508H

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	27/08/2020 11:33
Date Of Accident	26/08/2020 18:40
Exact Location Of Accident	ANG MO KIO ST 65 B4 ANG MO KIO ELECTRONICS PK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3508H
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	CHONG KEE YEW
NRIC No	SXXXX557D
Date Of Birth	09/12/1948
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1975
Driving Experience	45 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90903666
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 523 11-4188 ANG MO KIO AVENUE 5
Postcode 560523
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 -
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) 2
Passenger 1
NAME: : -
GENDER: : MALE

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 SKZ6373S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NAAVIN GOPALAN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage REAR LEFT DOOR

Sketch Plan Pg. 1

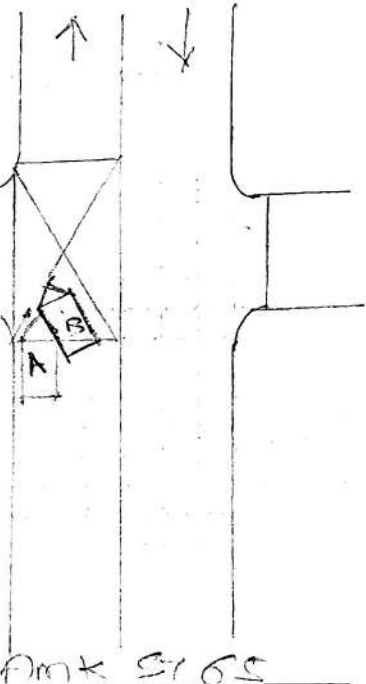
SKETCH PLAN

A = SHA3508H

B = SK26373S
(CHAUN)

AMK
ELECTRONICS
PARK RD

My



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 26/8/2020 @ 18:40 hrs I was driving along AMK ST 65 direction.

I stop before the junction of AMK Electronics Park Rd waiting for a passenger.

After my passenger board my taxi, I slowly drive out when suddenly a vehicle of SK26373S cut into my lane to turn towards AMK Electronics Park Rd.

As a result the said vehicle left rear door grazed onto my taxi right front portion.

No injury at the point of accident.

DECLARATION

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

PORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

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. 27 AUG 2020

Sketch Plan Pg. 2

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)
- (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.

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

Olivia Wendy

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.:

27 AUG 2020

1

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:

Company

Owner ID:

821R

Vehicle No.:

SHA3508H

Vehicle to be Exported:

No

Intended Deregistration Date:

28 Aug 2020

Vehicle Make:

HYUNDAI

Vehicle Model:

AE IONIQ HEV 1.6 DCT

Primary Colour:

Blue

Manufacturing Year:

2018

Engine No.:

G4LEJU111388

Chassis No.:

KMHC851CVKU114841

Maximum Power Output:

103.6 kW (138 bhp)

Open Market Value:

\$25,082.00

Original Registration Date:

24 Oct 2018

First Registration Date:

24 Oct 2018

Transfer Count:

0

Actual ARF Paid:

\$12,115.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

23 Oct 2026

PARF Rebate Amount:

\$9,086.00

Intended COE Rebate Details

COE Expiry Date:

23 Oct 2026

COE Category:

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

COE Period(Years):

8

PQP Paid:

\$24,228.00

COE Rebate Amount:

\$18,627.00

Total Rebate Amount:

\$27,713.00

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 28 Aug 2020

OK

Blue