

ASS. BY:

REF:

CS MSG 21003763 Dtg3

ASSIGNMENT

COE Dec 2026

From: _____ Date: _____

Estimate Cost: _____

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

To Insp Vehicle No: _____

at Work m/s _____

by _____

Insured _____

Policy Et _____

Claims & _____

Sum Insured: _____ Excess: _____

(Officer Record)

Make of Veh: _____

(Policy Condition)

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

Bal. of Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lump Sum 2/18 PTP % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD7283M Yr Regn: Dec 2018

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

Truck / Trailer or

Make: Hyundai Ioniq C.D. 1580

Colour: Blue A/C: Insured / Std / Nil / NA

Sp. Reading: 188144 T/Radio: Insured / Std / Nil / NA

Eng/No: G4LE5U132615

C/No: KMH0851CVK u1221948

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / STD A/Rim or

Tyre Size: P: 195/65 R15

R: 11

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal: 5 mm

R/Bal: 5 mm

L/Bal: 5 mm

L/Bal: 5 mm

D.O.A. 22/03/221

D.O.I. 24/03/221

Survey held at: Bignost Lin Ming

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

Rev H/S

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

Date / Time Action / Instruction

MSG SLF 916241

Date/Time, File Pass to?

: Prel. Report

1)

Date/Time, File Return to?

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

Add Fee: _____

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Insp (\$ _____)

Report Format: _____

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 23-Mar-21

INSURANCE: MSIG

MODEL: HYUNDAI IONIC

VEHICLE NO.: SHD7283M

Description	Qty	List Price	Amount
Boot Lid <i>ht</i>	1	\$ 2,480.40	\$ 2,480.40
Boot Lid Rubber <i>hec</i>	1	\$ 187.40	\$ 187.40
Boot Lid Lock Upper <i>src</i>	1	\$ 224.00	\$ 224.00
Boot Lid 'H' Emblem <i>hec</i>	1	\$ 28.00	\$ 28.00
Emblem-Hybrid <i>hec</i>	1	\$ 24.30	\$ 24.30
Emblem-Ionic <i>hec</i>	1	\$ 31.30	\$ 31.30
Boot Lid Trimboard <i>ht</i>	1	\$ 259.70	\$ 259.70
Boot Lid Trimboard Clips (10pcs) <i>ht</i>	1	\$ 11.00	\$ 11.00
Boot Lid Trimboard, Centre <i>ht</i>	1	\$ 159.60	\$ 159.60
Boot Lid Trimboard SIDE (LH/RH) <i>ht</i>	1	\$ 92.50	\$ 92.50
Boot Lid Trimboard REAR <i>ht</i>	1	\$ 124.80	\$ 124.80
Boot Lid Glass Upper Moulding <i>hec</i>	1	\$ 186.30	\$ 186.30
Boot Lid Glass Lower Moulding <i>ht</i>	1	\$ 145.20	\$ 145.20
Rear Bumper <i>Desert / broken</i>	1	\$ 459.40	\$ 459.40
Rear Bumper Reinforcement <i>crack</i>	1	\$ 394.80	\$ 394.80
Rear Bumper Reinforcement Bracket (LH/RH) <i>ht / crack</i>	2	\$ 188.10	\$ 376.20
Rear Bumper Centre Moulding Assy <i>crack o/s ht</i>	1	\$ 451.25	\$ 451.25
Rear Bumper Lower Centre Moulding Assy <i>monety broken</i>	1	\$ 47.50	\$ 47.50
Rear Bumper Stay <i>ht</i>	1	\$ 138.10	\$ 138.10
Rear Bumper Side retainer (LH/RH) <i>src</i>	2	\$ 85.80	\$ 171.60
Rear Bumper Cover Clips <i>hec</i>	1	\$ 22.00	\$ 22.00
Rear Bumper Under Centre <i>src</i>	1	\$ 123.85	\$ 123.85
Rear Bumper Side Under (LH/RH) <i>ht</i>	2	\$ 123.10	\$ 246.20
Rear Bumper Rear Hook <i>ht</i>	1	\$ 94.60	\$ 94.60
Rear Bumper Reflector Lamp (LH/RH) <i>ht</i>	2	\$ 82.90	\$ 165.80
Rear Bumper Towing Cover <i>src</i>	1	\$ 98.80	\$ 98.80
Rear Bumper Reserve Light (Parking Brake Light) <i>socket</i>	1	\$ 328.60	\$ 328.60
Licence Lamp (LH/RH) <i>ht broken</i>	2	\$ 85.30	\$ 170.60
Licence Lamp WIRE <i>ht</i>	1	\$ 135.80	\$ 135.80
Tail Lamp Quarter Panel (LH) <i>ht</i>	1	\$ 208.90	\$ 208.90
Rear Panel <i>Desert</i>	1	\$ 532.00	\$ 532.00
Rear Panel Garnish <i>defined monety</i>	1	\$ 346.80	\$ 346.80
Spare Tyre Holder <i>ht</i>	1	\$ 223.10	\$ 223.10
Spare Wheel Lock Nut <i>ht</i>	1	\$ 89.50	\$ 89.50
Spare Tyre Panel <i>Desert</i>	1	\$ 892.50	\$ 892.50
Rear tray tools box RH <i>ht</i>	1	\$ 675.30	\$ 675.30
Rear tray tools box LH <i>ht</i>	1	\$ 693.20	\$ 693.20
REAR TRAY LUGGS CENTER <i>ht</i>	1	\$ 354.20	\$ 354.20
Rear Fender (LH) <i>src</i>	1	\$ 1,768.30	\$ 1,768.30
Rear Fender SHIELD REAR PIECE (RH) <i>ht</i>	1	\$ 173.60	\$ 173.60
Rear Fender SHIELD Frt Piece (LH) <i>ht</i>	1	\$ 165.50	\$ 165.50
Rear Fender Corner inner upper garnish (LH) <i>ht</i>	1	\$ 486.70	\$ 486.70
Rear Fender Air-Duct (LH) <i>ht</i>	1	\$ 87.30	\$ 87.30

Rear Fender Trim Board (LH) <i>HW</i>	1	\$788.75	\$ 788.75
Assy BSD Blind Spot Radar (LH) <i>HW</i>	1	\$ 1,625.00	\$ 1,625.00
Wiring Harness BWS Ext <i>HW</i>	1	\$ 988.90	\$ 988.90
SUB TOTAL			\$ 17,479.15
LESS 20%			\$ 3,495.83
DISCOUNTED TOTAL			\$ 13,983.32
Boot Lid Comfort Logo & Tel No. Sticker <i>HW</i>	SN 1	\$ 35.00	\$ 35.00
Boot Lid Comfort Cablink Tel No. Sticker <i>HW</i>	SN 1	\$ 30.00	\$ 30.00
Rear Windscreen Sealant <i>HW</i>	SN 2	\$ 46.00	\$ 92.00
Rear Bumper Rubber Mat <i>HW</i>	SN 1	\$ 50.00	\$ 50.00
Rear Bumper Reverse Sensor <i>Dean</i>	SN 1	\$ 180.00	\$ 180.00
SPARE TYRE PANEL TOP COVER SILICON <i>HW</i>	SN 1	\$ 250.00	\$ 250.00
SUB TOTAL			\$ 637.00
Labour Charge			
Panel Beating	1	\$1,400.00	\$1,400.00
Spray Painting Charge	1	\$1,200.00	\$1,200.00
Wiring Charge	1	\$100.00	\$100.00
Tuff Kote	1	\$100.00	\$100.00
Towing Charge	1	\$80.00	\$80.00
Remove/Refix Cushion & Upholstery Rear	1	\$150.00	\$150.00
Remove/Refix Rear Windscreen Glass	2	\$120.00	\$240.00
Remove/Refix Reverse Sensor	1	\$120.00	\$120.00
Remove/Refix Fuel Tank	1	\$80.00	\$80.00
Remove/Refix Exhaust Pipe	1	\$80.00	\$80.00
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00
TOTAL LABOUR			\$4,100.00
ESTIMATE TOTAL			\$ 18,720.32
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			

X
X
X 6600.65
5280.52

✓
✓
✓
✓ 437.00
✓
50/-

800/-
800/-
30/-
40/-
44
80/- 2080.00
80/-
40/-
44
60/-
150/-

24/03/2021 @ 1000hrs

P/P 7797.52

HA Andrew

P/P est. 6 days.

[Signature]

LKK Auto

[Signature]

Photo after repair
with damaged
parts.

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHD7283M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	23 Mar 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	G4LEJU132615
Chassis No.:	KMHC851CVKU121948
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,181.00
Original Registration Date:	04 Dec 2018
First Registration Date:	04 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$12,254.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Dec 2026
PARF Rebate Amount:	\$9,190.00
Intended COE Rebate Details	
COE Expiry Date:	03 Dec 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$22,057.00
COE Rebate Amount:	\$15,699.00
Total Rebate Amount:	\$24,889.00
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 23 Mar 2021

OK

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 Submission	23/03/2021 10:24 (SGT)
Date of Accident	22/03/2021 17:00 (SGT)
Exact Location of Accident	Jurong West Ave 1, Singapore
Additional Location Information	Towards Jurong East
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7283M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-93639940
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD SHAH BIN HARON
NRIC No	SXXXX246J

Date Of Birth	11/11/1963
Occupation	Outdoor
Date Of Driving Pass	11/08/1999
Driving experience	21 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93639940
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 418 TAMPINES STREET 41 #06-54
Address complement	-
Postcode	520418
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 22/03/2021 AT ABOUT 1700HRS, I WAS DRIVING VEHICLE A (SHD7283M) ALONG JURONG WEST AVE 1 TOWARDS JURONG EAST. I WAS AT RIGHT LANE. THERE WAS VEHICLE STOP IN FRONT OF MY VEHICLE. THAT VEHICLE WANTED TO TURN INTO BLK 484-491 ENTRANCE. SO I TURN INTO LEFT LANE. AS I WAS FILTERING INTO LEFT LANE, SUDDENLY VEHICLE B (SLF9162H) HIT ONTO MY VEHICLE REAR. MY VEHICLE REAR DAMAGED. EXCHANGED PARTICULARS. NO INJURY.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF9162H
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	LEE KIM HWEE
NRIC No	SXXXX811H
Contact Number	(Phone) +65-88292089
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1



**SINGAPORE
POLICE FORCE**



T/20210323/2059

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20210323/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2021 14:11	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars

Name of Informant: MOHAMAD SHAH BIN HARON			Address: APT BLK 418 TAMPINES STREET 41 #06-54 SINGAPORE 520418	
ID Type / ID No.: NRIC NO / S1583246J			Contact No.: Home/Office: Mobile: 93639940	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 11/11/1963	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/03/2021 17:00	Type of Location: Straight Road
Location: JURONG WEST AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	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
SHD7283M	TAXI	HYUNDAI		Blue	Seriously Damaged	0
SLF9162H	Car	TOYOTA		White	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210323/2059

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20210323/2059

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD SHAH BIN HARON	ID No.	S1583246J
Related Vehicle	SHD7283M (TAXI)	Contact No.	93639940
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	23/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	LEE KIM HWEE	ID No.	S7935811H
Related Vehicle	SLF9162H (Car)	Contact No.	NIL
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 22/03/2021 at about 5pm, I was driving Comfort taxi, vehicle plate number SHD7283M, travelling along Jurong West Avenue 1 towards Jurong East Avenue 1 with no passenger onboard. Near to Blk 491, a vehicle in front of me slowed down as there was another vehicle in front that wish to make a right turn into the carpark entrance. As such, I also slowed down, however suddenly there was a huge impact from the rear. I got down from my taxi to make a check and found that vehicle behind me SLF9162H did not manage to stop in time and collided into my taxi.

My taxi was badly damaged on the rear left portion and had to be towed away. There was no one injured at that point in time. Subsequently after the accident I felt unwell and went to see doctor. I was given 5 days medical leave. There is in-car camera in my taxi that captured the accident.



**SINGAPORE
POLICE FORCE**



T/20210323/2059

3 of 3

Report No. T/20210323/2059

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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 /
Staff Sgt PATRICIA LOH YING YU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Signature Of Informant:

Date/Time:
23/03/2021 14:11

Classification Of Case:

Authentication Stamp
NP168

SKETCH PLAN

IMPORTANT NOTICE

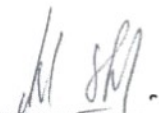
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 lodgment 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, investigating, 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: 23.03.2021
@ 11:00 hrs


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