

ASS. REC. BY: JanREF: CS/CTI 21005711/Rinf3

8396

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

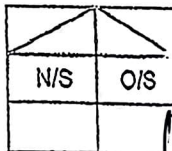
To Inspect Vehicle No: SHC 431Dat Workshop m/s DINH ANUof 31 CORPORATION RDInsured: GT SCY 8080ZPolicy No. DMPCSNW00168632002Claims No. SNM21D202384/C02

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: 4 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: SHC 431D Yr Regn: 2019 / APRType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Hyundai AE 10N1Q1-6 c.c. 1580Colour YELLOW A/C: Insured / Std / NI / NASp. Reading 258800 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLC851CVK140971Gen. Cond: Good (F) / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15R: 22

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

TOYO / YOKO or WESTLAKFront 6 mm Rear 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 28/04/21 D.O.I. 27/04/21Survey held at DINH ANU

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

O/S Rear

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

Date / Time Action / Instruction

30/4/2021 @12.47pm Revised to Cecilia Low via Merimen.5/5/2021 Confirmed final fig P/P \$2593.60, 4 repair days.

(RED \$15653.52; 86%)

Date/Time, File Pass to?



: Prel. Report

1) 5/5 TYPIST



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Report Format: TPLump Sum / I.E.F. (\$) 2593.60

TO :

FAX NO:

**ESTIMATE REPORT** 1ST Quotation

27/04/2021 12:00

JOB-NO: 50113325

**OWNER'S PARTICULARS**

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 3

ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0

64739522

**VEHICLE DETAILS**

LICENSE NO: SHC0431D

TRANS: AUTO

CHASSIS: KMHC851CVKU140971

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 Di

ENGINE: G4LEJU191099

OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD

JOB-CODE: TP

SA: Ding Auto User 2

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<b>LABOUR</b>							
1 TO STRAIGHTEN AND PANEL BEAT OF ACCIDENT AREA	1.00	1,000.00	0.00	1,000.00		Y	400
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	160.00	0.00	<del>160.00</del>		Y	X
3 TO REMOVE AND REFIT NECESSARY ITEMS TO FACILITATE REPAIR	1.00	280.00	0.00	280.00		Y	X
4 TO REMOVE AND REFIT REAR BIG AND SMALL WINDSCREEN GLASS TO ENABLE BODYWORK REPAIR	1.00	220.00	0.00	220.00		Y	X
5 TO TRANSFER REAR BOOT MECHANISM TO NEW BOOT AND PERFORM WATER SEEPAGE TEST	1.00	180.00	0.00	180.00		Y	X
6 TO CHECK WIRING, LIGHTING SYSTEM AND TO CLEAR FAULT CODE	1.00	220.00	0.00	220.00		Y	X
7 TO REFIT REAR REVERSE SENSOR	1.00	150.00	0.00	<del>150.00</del>		Y	60
8 TO RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00		Y	200
9 TO RESPRAY REAR REVERSE SENSOR	1.00	250.00	0.00	250.00		Y	X
10 TO RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200
11 TO RESPRAY REAR TAILGATE PANEL	1.00	250.00	0.00	250.00		Y	X
12 TO RESPRAY REAR QUARTER PANEL	1.00	250.00	0.00	250.00		Y	200
13 TO RESPRAY REAR BUMPER CENTER MOULDING ASSY	1.00	250.00	0.00	250.00		Y	200 100
14 TO RESPRAY REAR BUMPER LOWER CENTER MOULDING	1.00	250.00	0.00	250.00		Y	X
15 TO RESET, REALIGN AND RECALIBRATE REAR BLIND SPOT COLLISION UNIT AND SENSORS AFTER REMOVE AND REFIT REAR BUMPER	1.00	280.00	0.00	280.00		Y	X
TOTAL:		4,240.00	0.00	4,240.00			

**MATERIALS**

1 REAR BUMPER COVER <i>de</i>	1.00	759.40	151.88	607.52	L	Y	
2 REAR BUMPER LOWER CENTER MOULDING <i>X</i>	1.00	199.54	39.91	159.63	L	Y	
3 REAR BUMPER CENTER MOULDING ASSY <i>X</i>	1.00	489.86	97.97	391.89	L	Y	
4 REAR BUMPER BEAM <i>X</i>	1.00	629.72	125.94	503.78	L	Y	
5 REAR BUMPER BEAM BRACKET RH <i>X</i>	1.00	298.75	59.75	239.00	L	Y	
6 REAR LH BUMPER RETAINER <i>X</i>	1.00	178.52	35.70	142.82	L	Y	
7 REAR RH BUMPER RETAINER <i>cm</i>	1.00	178.52	35.70	142.82	L	Y	
8 REAR BUMPER CENTER UNDER COVER <i>X</i>	1.00	286.75	57.35	229.40	L	Y	
9 REAR LH SIDE BUMPER UNDER COVER <i>X</i>	1.00	265.98	53.20	212.78	L	Y	

## CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
10 REAR RH SIDE BUMPER UNDER COVER ?	1.00	265.98	53.20	212.78	L	Y	?
11 REAR END PANEL <i>repar</i>	1.00	685.30	137.06	548.24	L	Y	R
12 REAR TAILGATE PANEL ASSY X	1.00	2,580.40	516.08	2,064.32	L	Y	X
13 REAR BOOT WEATHERSTRIP X	1.00	269.55	53.91	215.64	L	Y	X
14 REAR BOOT LOCK X	1.00	384.69	76.94	307.75	L	Y	X
15 REAR TAILGATE HYBRID EMBLEM X	1.00	55.20	11.04	44.16	L	Y	X
16 REAR TAILGATE HYUNDAI EMBLEM X	1.00	68.60	13.72	54.88	L	Y	X
17 REAR TAILGATE IONIQ EMBLEM X	1.00	49.50	9.90	39.60	L	Y	X
18 TAILLAMP RH X	1.00	975.64	195.13	780.51	L	Y	X
19 REAR TAILGATE WINDSCREEN MOULDING X	1.00	185.96	37.19	148.77	L	Y	X
UPPER							
20 REAR TAILGATE WINDSCREEN MOULDING X	1.00	175.46	35.09	140.37	L	Y	X
LOWER							
21 RER RH QUARTER PANEL ASSY <i>repar</i>	1.00	2,371.80	474.36	1,897.44	L	Y	R
22 REAR RH FENDER LINER X	1.00	285.10	57.02	228.08	L	Y	X
23 REAR RH QUARTER PANEL AIR VENT <i>de</i>	1.00	189.22	37.84	151.38	L	Y	X
24 REAR RH BLIND SPOT DETECTION UNIT X	1.00	1,635.70	327.14	1,308.56	L	Y	X
ASSY							
25 REAR TAILGATE "6552-1111" STICKER X	1.00	140.00	0.00	140.00	S	Y	X
26 REAR TAILGATE "COMFORT DELGRO" X	1.00	140.00	0.00	140.00	S	Y	X
STICKER							
27 REAR TAILGATE "BOOK NOW" STICKER X	1.00	140.00	0.00	140.00	S	Y	X
28 REAR BUMPER PROTECTOR <i>re</i>	1.00	170.00	0.00	170.00	S	Y	50
29 REAR BUMPER CLIP SET <i>re</i>	1.00	85.00	0.00	85.00	S	Y	30
30 REAR REVERSE SENSOR SET X	2.00	1,400.00	0.00	1,400.00	S	Y	X
31 TAILLAMP GUIDE CLIP SET X	1.00	55.00	0.00	55.00	S	Y	X
32 REAR BUMPER UNDER COVER CLIP SET X	1.00	65.00	0.00	65.00	S	Y	X
33 REAR FENDER LINER CLIP SET X	1.00	75.00	0.00	75.00	S	Y	X
34 REAR BUMPER CENTER MOULDING CLIP <i>re</i>	1.00	65.00	0.00	65.00	S	Y	30
35 REAR BUMPER RETAINER CLIP SET <i>re</i>	1.00	70.00	0.00	70.00	S	Y	30
36 REAR BUMPER LOWER CENTER MOULDING X	1.00	65.00	0.00	65.00	S	Y	X
CLIP							
37 REAR WINDSCREEN SEALANT X	2.00	180.00	0.00	180.00	S	Y	X
38 REAR WINDSCREEN PRIMER X	2.00	170.00	0.00	170.00	S	Y	X
39 REAR WINDSCREEN GLASS PAD SET X	1.00	65.00	0.00	65.00	S	Y	X
40 REAR END PANEL SEALANT X	2.00	180.00	0.00	180.00	S	Y	X
41 REAR QUARTER PANEL SEALANT X	2.00	180.00	0.00	180.00	S	Y	X
42 REAR SPOILER PAD SET X	1.00	65.00	0.00	65.00	S	Y	X
43 REAR SPOILER CLIP SET X	1.00	65.00	0.00	65.00	S	Y	X
TOTAL:		<del>16,840.14</del>	<del>330.02</del>	<del>14,417.42</del>			
		16700.14	2693.02				
TOTAL PARTS & LABOUR :		<del>21,800.14</del>	2,693.02	<del>19,207.42</del>			
		20940.14		18247.12			

EXCESS/LOADING:\$ 0.00

No. Of Day:

4 days

RE-SURVEY BEFORE AFTER PAINTING

PART-BY PART OR LUMP SUM: \$\$

DATE OF SURVEY: 27 / 04 / 21 @ 1220

SURVEYED BY:

Rafael CLKR

CONTACT NO:

90010068

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

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  
nature:

Date:

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
TEL:		FAX:					

# 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 ..... 26/04/2021 12:43 (SGT)  
Date of Accident ..... 25/04/2021 13:30 (SGT)  
Exact Location of Accident ..... Ganges Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC431D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CITYCAB PTE LTD  
Company Reg No ..... 1XXXXX839G  
Email Address ..... fleetsafety@cdgtaxi.com.sg  
Mobile Phone No ..... (Phone) +65-91198391  
Alternative Phone No ..... (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... 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 ..... No  
Policy Number ..... VFX/P2419140  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LOW SWEE LIM  
NRIC No ..... SXXXX753I

Date Of Birth .....	01/10/1957
Occupation .....	Outdoor
Date Of Driving Pass .....	06/04/1977
Driving experience .....	44 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-91198391
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 411 JURONG WEST STREET 42 #07-831
Address complement .....	-
Postcode .....	640411
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 25/4/21 AT ABOUT 1320HRS, I WAS DRIVING VEHICLE A SHC431D ALONG GANGES AVE AND WANTED TO TURN LEFT INTO DELTA RD (SLIP RD). I WAS WAITING FOR MAJOR ROAD TO CLEAR AT SLIP RD. SUDDENLY VEHICLE B SLY8080Z FROM BEHIND HIT ONTO MY VEHICLE REAR. EXCHANGED PARTICULARS. NO INJS.

#### 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 .....	SD CARD WITH WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLY8080Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SIM KIAH HEONG

.....	SXXXX330D
.....	-
.....	-
.....	-
.....	-
.....	-
.....	-
.....	-
.....	-
.....	3

## 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 Authorized Driver
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to renew/reject 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

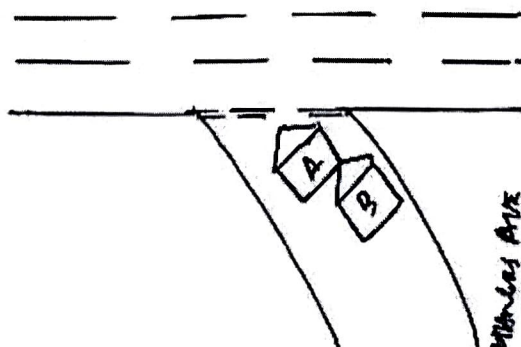
22/4/21 / 0946hrs

Lower Overpass

Witnessed by Reporting Centre Personnel

A SHC 431 D

B SHC 3010 Z



Describe Circumstances of the Accident

On 25/4/21 at about 13:00hrs, I was driving Vehicle A Site 4310  
From Grange Ave and turned right into Deane Rd (Slip Rd).  
I was waiting for my turn to cross the slip rd. Suddenly Vehicle B  
Slip Rd 2 from behind hit me and my vehicle went. I sustained  
personal injuries.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

25/4/21 10:48hrs

12/11/21

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	839G
Vehicle No.:	SHC431D
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Apr 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Yellow
Manufacturing Year:	2018
Engine No.:	G4LEJU191099
Chassis No.:	KMHC851CVKU140971
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,815.00
Original Registration Date:	23 Apr 2019
First Registration Date:	23 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$11,741.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Apr 2027
PARF Rebate Amount:	\$8,805.00
COE Expiry Date:	22 Apr 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,940.00
COE Rebate Amount:	\$15,660.00
<b>Total Rebate Amount:</b>	<b>\$24,465.00</b>

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 29 Apr 2021

OK