

ASS. REF. NO:

REF:

CS/AGI21005444/Dtg3

## ASSIGNMENT

COE Oct 2027

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

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

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

To Insp Vehicle No: \_\_\_\_\_

at Work to m/s \_\_\_\_\_

of \_\_\_\_\_

Insured \_\_\_\_\_

Policy No \_\_\_\_\_

Claims to \_\_\_\_\_

Sum Insured \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's report)

Make of Vch: \_\_\_\_\_

(Police Condition)

Remarks: The vch 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: 76 days Res.: Yes or NoTurn Sum: 7/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHD 4204L Yr Regn: Oct, 2019

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

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

Make: Hyundai Ionig C.D. 1580Colour: Blue A/C: Insured / Std / N/ASp. Reading: 113369 T/Radio: Insured / Std / N/AEng No: G4LBKU399119C/No: KMHCB51CVLU187027

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S / STD A/Rim or

Tyre Size: F: 195/65 R15R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIO / DHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front

Rear

R/Bal: S mmR/Bal: S mmL/Bal: S mmL/Bal: S mmD.O.A. 30/04/2021D.O.L. 05/05/2021Survey held at Bijust in Ming

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

N/S Rv

The WC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Budget Direct SLQ 95785

17/12/20 Finalized P/P 8,589.92 with 7 days 7 in

RED: 8485.91;49%

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Days Of Repair: 7

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐

: Site / Trip (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS: \$ \_\_\_\_\_

Photos

Others



# BIFROST AUTO PTE LTD

## REPAIR ESTIMATE

DATE: 3-May-21

INSURANCE: Auto 8 General

MODEL: HYUNDAI IONIC

VEHICLE NO.: SHD 4204L

Description	Qty	List Price	Amount
Rear Door (LH) <i>nt</i>	1	\$ 1,789.90	\$ 1,789.90
Rear Door Gear/Regulator(LH) <i>HH</i>	1	\$ 367.84	\$ 367.84
Rear Door Power Motor (LH) <i>HH</i>	1	\$ 256.80	\$ 256.80
Rear Door Lock Assy <i>HH</i>	1	\$ 306.40	\$ 306.40
Rear Door Trim Board (LH) <i>HH</i>	1	\$ 613.60	\$ 613.60
Rear Door Protector(LH) <i>cnt</i>	1	\$ 166.20	\$ 166.20
Rear Bumper <i>broken</i>	1	\$ 459.40	\$ 459.40
Rear Bumper Centre Moulding Assy <i>HH</i>	1	\$ 451.25	\$ 451.25
Rear Bumper Side retainer (LH) <i>HH</i>	1	\$ 85.80	\$ 85.80
Rear Bumper Cover Clips <i>Hec</i>	1	\$ 22.00	\$ 22.00
Rear Bumper Side Under(LH) <i>HH</i>	1	\$ 123.10	\$ 123.10
Rear Bumper Reflector Lamp(LH) <i>HH</i>	1	\$ 82.90	\$ 82.90
Tail Lamp(LH) <i>HH</i>	1	\$ 870.40	\$ 870.40
Rear Fender(LH) <i>Dental</i>	1	\$ 1,768.30	\$ 1,768.30
Rear Fender SHIELD REAR PIECE (LH) <i>HH</i>	1	\$ 173.60	\$ 173.60
Rear Fender SHIELD Frt Piece (LH) <i>HH</i>	1	\$ 165.50	\$ 165.50
Rocker Panel Outer Garnish <i>legu</i>	1	\$ 715.60	\$ 715.60
Rear Tyre Rim (LH) <i>distorted</i>	1	\$ 1,124.20	\$ 1,124.20
Rear Wheel Hup-Cap (LH) <i>cnt</i>	1	\$ 346.40	\$ 346.40
Rear Wheelbearing & Hub assy <i>2 Dom</i>	1	\$ 554.00	\$ 554.00
Rear Trailing Arm(LH) <i>2 distorted</i>	1	\$ 265.40	\$ 265.40
Rear Assist (LH) <i>2 distorted</i>	1	\$ 227.90	\$ 227.90
Rear shock Absorber(LH) <i>2 distorted</i>	1	\$ 230.50	\$ 230.50
Rear Shock Absorber Mounting (LH) <i>HH</i>	1	\$ 133.10	\$ 133.10
Rear Absorber stopper (LH) <i>HH</i>	1	\$ 137.60	\$ 137.60
Rear Absorber Cover (LH) <i>HH</i>	1	\$ 175.60	\$ 175.60
Rear Crossmember <i>HH</i>	1	\$ 1,468.70	\$ 1,468.70
Stabilizer Bar <i>HH</i>	1	\$ 387.30	\$ 387.30
Stabilizer Link (LH) <i>HH</i>	1	\$ 147.30	\$ 147.30
Rear Upper Arm(LH) <i>2 distorted</i>	1	\$ 239.50	\$ 239.50
Rear Lower Arm(LH) <i>2 distorted</i>	1	\$ 393.10	\$ 393.10
Rear Knuckle Arm (LH) <i>2 distorted</i>	1	\$ 538.10	\$ 538.10
SUB TOTAL			\$ 14,787.29
LESS 20%			\$ 2,957.46
DISCOUNTED TOTAL			\$ 11,829.83
Rear Door Tel No.Sticker(LH) <i>Hec</i> SN	1	\$ 10.00	\$ 10.00
Rear Door Comfortdelgro & Apps Sticker(LH) <i>Hec</i> SN	1	\$ 80.00	\$ 80.00
Rear Tyre(LH) <i>HH</i> SN	1	\$ 216.00	\$ 216.00
SUB TOTAL			\$ 306.00

8124.90

6499.92

90.00



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 Reverse Sensor	1	\$120.00	\$120.00
Remove/Refix Undercarriage (RR)	1	\$400.00	\$400.00
Re-set Rear ABS System	1	\$400.00	\$400.00
Remove/Refix Fuel Tank	1	\$80.00	\$80.00
Remove/Refix Exhaust Pipe	1	\$80.00	\$80.00
Transfer of Door Mechanism REAR	1	\$80.00	\$80.00
Re-set Rear Power Window System	1	\$200.00	\$200.00
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00
<b>TOTAL LABOUR</b>			<b>\$4,940.00</b>
<b>ESTIMATE TOTAL</b>			<b>\$ 17,075.83</b>
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			

800/-  
800/-  
44  
44 40/-  
44  
44  
44  
150/-  
44  
44 2000.00  
60/-  
44  
150/-

05/05/2021 0915hr

H/A Andrew

P/Pat.

?/P 8589.92

Photo after repair with damaged parts.

T N/A

2kk Auto 7

days.



Customer:	LIM TAN	Date:	5/5/2021 10:48 AM
Company:		VIN	
License NO:	SHD 4204L	Technician:	
Odometer:		Order NO:	

**VEHICLE ALIGNMENT REPORT**  
HYUNDAI, i30 (GD) All Models, 13-13 (Customized)

Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	4°24'	3°44'	4°44'	5°30'
		Right	5°05'	3°44'	4°44'	5°24'
	Camber	Left	-0°30'	-1°00'	0°00'	-0°18'
		Right	-0°36'	-1°00'	0°00'	-0°42'
	Toe	Left	0°03'	-0°06'	0°06'	-0°21'
		Right	0°00'	-0°06'	0°06'	0°27'
Total		0°03'	-0°12'	0°12'	0°06'	
Rear	Camber	Left	-2°54'	-1°30'	-0°30'	-2°48'
		Right	-2°18'	-1°30'	-0°30'	-1°00'
	Toe	Left	-1°48'	0°03'	0°30'	-1°54'
		Right	0°18'	0°03'	0°30'	0°06'
		Total	-1°30'	0°06'	1°00'	-1°48'
	Thrust Angle		-1°03'	99°59'		-1°00'
Secondary Angles			Initial	Specifications		Final
				Min.	Max.	
SAI	Left		13°40'	13°18'	14°18'	13°40'
	Right		14°08'	13°18'	14°18'	14°08'
Included Angle	Left		13°10'	99°59'	99°59'	13°22'
	Right		13°32'	99°59'	99°59'	13°26'
Toe Out On Turns	Left		----	99°59'	99°59'	----
	Right		----	99°59'	99°59'	----
Max Turn Inside	Left		----	99°59'	99°59'	----
	Right		----	99°59'	99°59'	----
Toe Curve Change	Left		----	0°00'	199°59'	----
	Right		----	0°00'	199°59'	----
Setback	Front		-16mm	2540mm	2540mm	-16mm
	Rear		-11mm	2540mm	2540mm	-11mm
Track Width Diff.			-12mm			-12mm
Wheel Base Diff.			-5mm			-5mm
Front Ride Height	Left		----	2540mm	2540mm	----
	Right		----	2540mm	2540mm	----
Rear Ride Height	Left		----	2540mm	2540mm	----
	Right		----	2540mm	2540mm	----
Frame Angle						----

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	821R
<b>Vehicle Details</b>	
Vehicle No.:	SHD4204L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	03 May 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU399119
Chassis No.:	KMHC851CVLU187027
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,695.00
Original Registration Date:	22 Oct 2019
First Registration Date:	22 Oct 2019
Transfer Count:	0
Actual ARF Paid:	\$12,973.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Oct 2027
PARF Rebate Amount:	\$9,729.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	21 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$24,460.00
COE Rebate Amount:	\$19,568.00
<b>Total Rebate Amount:</b>	<b>\$29,297.00</b>
<b>Message</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 03 May 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 willful 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	01/05/2021 22:27 (SGT)
Date of Accident	30/04/2021 20:00 (SGT)
Exact Location of Accident	Rivervale Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4204L
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) +65-96184397
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	LIM TIAN POH
NRIC No	SXXXX298G

Date Of Birth	20/06/1951
Occupation	Outdoor
Date Of Driving Pass	27/05/1981
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96184397
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 108B MCNAIR ROAD #07-208
Address complement	-
Postcode	323108
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

I WAS DRIVING STRAIGHT ALONG RIVERVALE DR ALONE. VEHICLE B AT THE SLIP ROAD OF SENGKANG EAST WAY RUSHED OUT EVEN I'M ALREADY NEAR AT THE MAIN ROAD. I'M FEELING UNWELL AFTER THE IMPACT. VEHICLE B IGNORED MY HORN.

#### 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	SLQ9578J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number  
Address  
Address complement  
Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

-  
-  
-  
-  
-  
-  
-  
-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LIM TIAN POH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FEELING UNWELL
Injured person in which vehicle?	SHD4204L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



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 willful 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 making 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.
  - (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.

<p>Policyholder's Signature / Date &amp; Time</p> <p style="text-align: center;"><i>[Signature]</i></p>	<p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p> <p style="text-align: center;"><i>[Signature]</i></p>	<p>Witnessed by Reporting Centre Personnel</p> <p style="text-align: center;"><i>[Signature]</i></p> <p>20:54hrs 30/4/21</p>
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**Sketch Plan**

A - SHD4204L  
B - SLQ9578J

Describe Circumstances of the Accident

I was driving straight along Rivenale Dr  
alone. Vehicle B at the slip road of Sengkang East  
way rushed out even I already near the  
The main road. I feeling unwell after the  
impact. Vehicle B ignored my horn.

AD,

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature / Date &  
Time

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

*[Signature]*

Witnessed by Reporting Centre  
Personnel Del H. G. H.  
20:54hrs 30/4/21