

(08/11/13) wef

ASS. REC. BY: P. M. M.

REF:

8212

**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. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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 6575T Yr Regn: 2020 / MARType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HYUNDAI AEIONIQ 1.6 c.c. 1580Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 127657 T/Radio: Insured / Std / NI / NA

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

C/No: KMHCB851CVLU190067Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 2

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

TOYO / YOKO or WESTLAK

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 02/05/21 D.O.I. 04/05/21Survey held at COMFORT LAYNE

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

N/S FR

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. SI

Photos

Others

TOTAL

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

Lump Sum / I.B.I: (\$) \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

**PAIR ESTIMATE\***  
**VEHICLE NO: SH A6575T**

VEHICLE NO. **5HA6575T**

**DATE 02/05/21 12:00 AM**

**MAKE**

MODEL : HYUNDAI IONIQ G2

**CHIANG /CHINA**

MODEL	Parts Description/ Labour	Type	Unit Price	Amount
	1 FRONT BUMPER COVER <i>scr</i>			\$430.90
	1 FRONT BUMPER CENTRE MOULDING <i>X</i>			\$368.50
	1 FRONT BUMPER BRACKET LH <i>?</i>			\$28.00
	1 FRONT HEADLAMP ASSY LH <i>?</i>			\$1,993.65
	1 FRONT FENDER LH <i>repair</i>			\$588.80
	1 FRONT FENDER EMBLEM <i>nee</i>			\$26.60
	1 FRONT BUMPER GRILLE LH <i>cut</i>			\$186.90
	1 FRONT DAY LIGHT LH <i>?</i>			\$642.50
	1 FRONT WHEEL COVER LH <i>scr</i>			\$368.50
				<b>\$4,634.35</b>
				<b>\$926.87</b>
				<b>\$3,707.48</b>
				<b>\$-</b>
	<b>Labour Charge</b>			
	Panel Beating			<del>350</del> <del>\$750.00</del>
	Spray Paint			<del>500</del> <del>\$600.00</del>
	Reset front wheel alignment			\$60.00
	Check lighting			<del>30?</del> <del>\$60.00</del>
				<b>\$1,470.00</b>
	<b>TOTAL LABOUR</b>			
	<b>ESTIMATE TOTAL</b>			<b>\$5,177.48</b>
	<p><b>LKK Auto Consultants</b> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed <u>and</u> is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer Signature: Date:</p>			
<p>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 company.</p>				



Date/Time: 03.05.2021 14:19

Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD**

Sales Order:

JC NO.:305466882

CUSTOMER NO. 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (F) (O)  
(P)

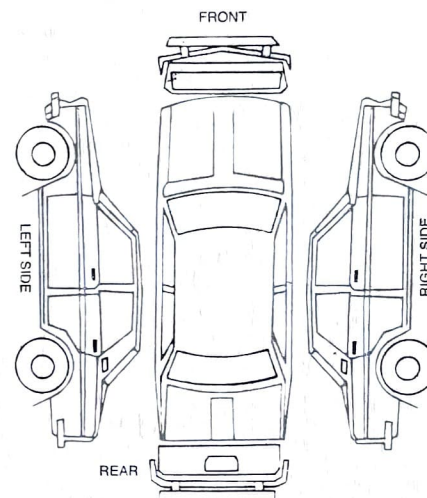
REGN NO.: <b>SHA6575T</b>	MILEAGE
MAKE : <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>IONIQ(G3)</b>	DATE/TIME IN <b>03.05.2021 10:20</b>
YR OF MANU. <b>18.03.2020</b>	TARGET DATE
CHASSIS CODE <b>KMHC851CVLU190067</b>	COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 02.05.2021  
NATURE: 3P 02.05.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

**SHA6575T**

**CHIANG**

**SHA6575T**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned 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 Submission ..... 02/05/2021 18:48 (SGT)  
Date of Accident ..... 02/05/2021 14:30 (SGT)  
Exact Location of Accident ..... 248 Bangkit Rd, Block 248, Singapore 670248  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA6575T

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) +65-94698291  
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 ..... 1598

### 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 ..... KENG KIAT LENG  
NRIC No ..... SXXXX382F



Date of Birth 14/03/1955  
 Location Outdoor  
 Driving Pass 23/03/1977  
 Experience 44 YEARS AND 2 MONTHS  
 Gender Male  
 (Phone) +65-94698291  
 Email Address fleetsafety@cdgtaxi.com.sg  
 Address BLK 403 FAJAR ROAD #10-257  
 Address complement -  
 Postcode 670403  
 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 - Major/Minor Rd  
 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) 4  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

#### PASSENGER 1

Name UNKNOWN  
 Gender Female

#### PASSENGER 2

Name UNKNOWN  
 Gender Female

#### PASSENGER 3

Name UNKNOWN  
 Gender Female

#### 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 02/05/21, AT ABOUT 1430HRS, I WAS DRIVING VEHICLE A SHA6575T AT BLK 248 BANGKIT RD WITH THREE FEMALE PASSENGERS AS I WAS DRIVING STRAIGHT. SUDDENLY VEHICLE B SLX5232X FROM LEFT WHICH WAS TURNING OUT FROM PARKING LOT HIT ONTO MY VEHICLE LEFT FRONT. UNABLE TO EXCHANGE 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

any audio recorded?

No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX5232X
Vehicle Manufacturer	Kia
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)	1



## 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 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

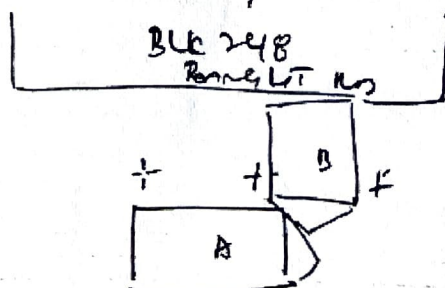
Sketch Plan

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

01/05/21 / 15:14hrs

Witnessed by Reporting Centre Personnel

Bmay



A SWA 6575T  
B SLX 5232X

Describe Circumstances of the Accident

ON 02/05/21, ~~at~~ ABOUT 1430 HRS, I WAS DRIVING  
 A SHARON T AS  
 VEHICLE 1 A BLK SUB COMPACT RD WITH THREE FEMALE PASSENGERS AS  
 I WAS DRIVING STRAIGHT, SUDDENLY VEHICLE 2 S/X 5272X FROM  
 LEFT WHICH WAS TURNING OUT FROM PARKING LOT ATTACHED MY  
 VEHICLE LEFT FRONT. THERE IS EXCHANGE PARTICULARS. NO INJURY

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

*[Signature]*  
 02/05/21 1430 HRS

*[Signature]*  
*[Signature]*



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	821R
Vehicle No.:	SHA6575T
Vehicle to be Exported:	No
Intended Deregistration Date:	05 May 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU409556
Chassis No.:	KMHC851CVLU190067
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,846.00
Original Registration Date:	18 Mar 2020
First Registration Date:	18 Mar 2020
Transfer Count:	0
Actual ARF Paid:	\$13,185.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Mar 2028
PARF Rebate Amount:	\$9,888.00
COE Expiry Date:	17 Mar 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$26,566.00
COE Rebate Amount:	\$22,798.00
Total Rebate Amount:	\$32,686.00

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 05 May 2021

OK