

(08/1/13) Wef
ASS. REC. BY: *John*

REF:

CS/CT21006488/RVC

C
8396

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SHD 8618A

at Workshop m/s DINH AUTO

of 31, CORPORATION RD

Insured: CTI

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.

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:

SHD 8618A

Yr Regn: 2018 / DEC

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

Truck / Trailer or

Make:

HYUNDAI REG 1010: 1-6 OCT c.c 1580

Colour:

YELLOW

A/C: Insured / Std / NI / NA

Sp. Reading

360962

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHG851CVKU121929

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: N/A / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

SAILUN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

07/06/21

D.O.I.

08/06/21

Survey held at

DINH AUTO

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

O/S FR

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) \$ + RS \$ SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

Report Format :

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

TO :

FAX NO:

ESTIMATE REPORT

1ST Quotation

08/06/2021 13:10

JOB-NO: 50113430

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHD8618A

TRANS: AUTO

CHASSIS: KMHC851CVKU121929

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEJU132413

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
LABOUR							
1 TO STRAIGHTEN AND PANEL BEAT OF ACCIDENT AREA	1.00	800.00	0.00	800.00		Y	<u>300</u>
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	170.00	0.00	170.00		Y	<u>X</u>
3 TO REMOVE AND REFIT NECESSARY ITEMS TO FACILITATE REPAIR	1.00	300.00	0.00	300.00		Y	<u>X</u>
4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	220.00	0.00	220.00		Y	<u>X</u>
5 TO READJUST AND REALIGN HEADLAMP AIM	1.00	150.00	0.00	150.00		Y	<u>30</u>
6 TO RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	<u>200</u>
7 TO RESPRAY FRONT FENDER PANEL	1.00	250.00	0.00	250.00		Y	<u>200</u>
8 TO RESPRAY FRONT BUMPER CENTER MOULDING	1.00	250.00	0.00	250.00		Y	<u>100</u>
9 TO RESPRAY FRONT BUMPER MOULDING	1.00	250.00	0.00	250.00		Y	<u>100</u>
TOTAL:		2,640.00	0.00	2,640.00			
MATERIALS							
1 FRONT BUMPER COVER <i>sur</i>	1.00	659.60	131.92	527.68	L	Y	
2 FRONT RH BUMPER RETAINER	1.00	98.63	19.73	78.90	L	Y	
3 FRONT RH BUMPER SIDE SUPPORT BRACKET ?	1.00	135.81	27.16	108.65	L	Y	
4 FRONT BUMPER CENTER UPPER MOULDING <i>sur</i>	1.00	319.54	63.91	255.63	L	Y	
5 FRONT BUMPER ENERGY ABSORBER X	1.00	139.87	27.97	111.90	L	Y	
6 FRONT RH AIR CURTAIN DUCT ASSY X	1.00	156.99	31.40	125.59	L	Y	
7 FRONT RH BUMPER MOULDING X	1.00	194.58	38.92	155.66	L	Y	
8 FRONT RH DAY TIME RUNNING LIGHT ASSY X	1.00	599.66	119.93	479.73	L	Y	
9 FRONT RH FENDER LINER X	1.00	252.85	50.57	202.28	L	Y	
10 FRONT RH HEADLAMP <i>sur</i>	1.00	2,110.50	422.10	1,688.40	L	Y	
11 FRONT RH FENDER PANEL <i>repair</i>	1.00	789.60	157.92	631.68	L	Y	
12 FRONT RH FENDER EMBLEM <i>re</i>	1.00	75.25	15.05	60.20	L	Y	
13 FRONT BUMPER CLIP SET <i>re</i>	1.00	85.00	0.00	85.00	S	Y	<u>30</u>
14 FRONT FENDER LINER CLIP SET <i>re</i>	1.00	75.00	0.00	75.00	S	Y	<u>30</u>
15 FRONT BUMPER RIVET SET ?	1.00	70.00	0.00	70.00	S	Y	<u>30</u>
16 FRONT BUMPER CENTER UPPER MOULDING CLIP SET <i>re</i>	1.00	65.00	0.00	65.00	S	Y	<u>30</u>
17 FRONT FENDER "COMFORT DELGRO" STICKER <i>re</i>	1.00	250.00	0.00	250.00	S	Y	<u>100/50</u>
TOTAL:		6,077.88	106.58	4,971.30			

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
TOTAL PARTS & LABOUR :		8,717.88	1,106.58	7,611.30			

EXCESS/LOADING:S\$ 0.00

No. Of Day: 3 days

RE-SURVEY BEFORE/ AFTER PAINTING

PART-BY-PART OR LUMP SUM: S\$DATE OF SURVEY: 08 / 06 / 21 @SURVEYED BY: RASULCONTACT NO: 90010068

FAX NO: _____

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

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

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:

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 07/06/2021 20:18 (SGT)
Date of Accident 07/06/2021 10:25 (SGT)
Exact Location of Accident Lor 34 Geylang, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD8618A

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) +65-97480973
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/P2419140
Cover Note Number -

DRIVER

Name of Driver LEOW KIAM SENG
NRIC No SXXXX925F

Date of Birth
 Occupation
 Date of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

17/12/1953
 Outdoor
 16/04/1974
 47 YEARS AND 2 MONTHS
 Male
 (Phone) +65-97480973
 -
 fleetsafety@cdgtaxi.com.sg
 BLK 520 JURONG WEST STREET 52 #13-173
 -
 640520
 No
 Hirer
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Side Swipe
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other material or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
 2
 No
 -
 Yes
 2
 No

PASSENGER 1

Name
 Gender

UNKNOWN
 Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No
 No
 -

CIRCUMSTANCES OF ACCIDENT

ON 07/06/21 AT ABOUT 1025HRS I WAS DRIVING VEHICLE A SHD8618A AT LORONG 34 GEYLANG.I PARKED MY VEHICLE ON THE LEFT OF THE ROAD TO DROP OFF PASSENGER.ONCE DROP OFF MY PASSENGER I TURN OUT MY VEHICLE. MY VEHICLE FRONT RIGHT HIT ONTO VEHICLE B SMR4775Y LEFT SIDE.EXCHANGED CONTACT NUMBER ONLY.NO INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Reasons for not uploading a video of the accident
 Was there any audio recorded?

Yes
 Yes
 FILE IS NOT SUITABLE
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model

SMR4775Y
 -
 -

Vehicle Variant
Vehicle Colour
Vehicle Category
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)

-
-
Private car
-

(Phone) +65-91444477
-
-
-
-
-
-

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 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

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

Witnessed by Reporting Centre Personnel

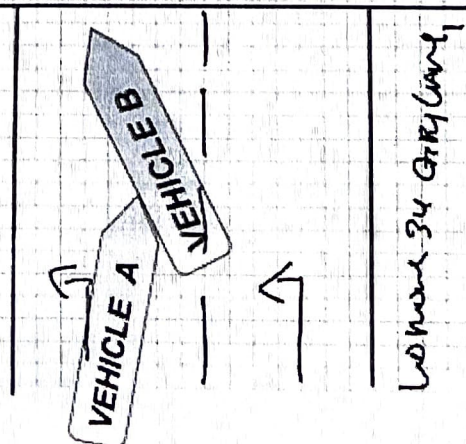
Sketch Plan

A S14D 8618 A

B SML 4775 Y

07/06/2011

GRAND LANE ROAD



Describe Circumstances of the Accident

ON 07/06/21 AT ABOUT 1025HRS I WAS DRIVING VEHICLE A SHD8618A AT LORONG 34 GEYLANG. I PARKED MY VEHICLE ON THE LEFT OF THE ROAD TO DROP OFF PASSENGER. ONCE DROP OFF MY PASSENGER I TURN OUT MY VEHICLE. MY VEHICLE FRONT RIGHT HIT ONTO VEHICLE B SMR4775Y LEFT SIDE. EXCHANGED CONTACT NUMBER ONLY. NO INJURIES.

Declaration

I/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

07/06/21 | 1205 Hrs

[Signature]
Barney

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	839G
Vehicle No.:	SHD8618A
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Jun 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Yellow
Manufacturing Year:	2018
Engine No.:	G4LEJU132413
Chassis No.:	KMHC851CVKU121929
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,099.00
Original Registration Date:	11 Dec 2018
First Registration Date:	11 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$12,139.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Dec 2026
PARF Rebate Amount:	\$9,104.00
COE Expiry Date:	10 Dec 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$22,057.00
COE Rebate Amount:	\$15,171.00
Total Rebate Amount:	\$24,275.00

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 09 Jun 2021

OK