(08/19913) Wef (2000) REF: CS/CN 2100	16488/RIVC 8396
ASS. REC. BY:	GNMENT 85th
From: Date: Estimated Cost:	Veh No: SHO 8618A Yr Regn: 3018 / Dec Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV To Inspect Vehicle No: SHO 8618A at Workshop m/s DING MUTO of 31, CORPORATION RO Insured: CTI	Make: HYMMON ME 10-10: 1-6 DCJ c.c 1580 Colour YELLON A/C: Insured / Std / NI / NA Sp.Reading 360962 T/Radio: Insured / Std / NI / NA Eng/No:
Policy No. Claims No. Sum Insured: Excess: (Client's Record) Make of Veh:	C/No: KMHCSELCVKM121929 Gen. Cond: Good / Fair Poor / Burnt Steering: Inforder / Jammed / Leaked / Burnt or Brake: Inforder / Jammed / Leaked / Burnt or Modi: MiP/S/Rim / STD A/Rim or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.	Tyre Size: F: IGS IGSRIS R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or SALLWA
Bal. or Market Value: IDAC Accident Rport: 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	Front Rear R/Bal. mm R/Bal. mm L/Bal. b mm mm D.O.A. 67 06 21 D.O.I. 00 06 21 Survey held at DINH AND
CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or OS The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Date/Time, File Pass to? : Preli. Report D	ays Of Repair:
	esurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$)S+RS,SI
Report Format : Lump Sum / I.B.I: (\$: Interview (\$) Photos : Tech. Invs (\$) Others : Weekend (\$)

TO :

ESTIMATE REPORT

1ST Quotation

FAX NO:

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 Dt

ENGINE: G4LEJU132413

OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD
JOB-CODE: TP SA: Ding Auto User 2

CLAIM DETAILS

TO TO TO THE PROPER MOULDING 1.00 800.00 10.00 800.00 10.0	DESCRIPTION	QTY	QUOTED	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
1 TO STRAIGHTEN AND PANEL BEAT OF ACCIDENT AREA 2 TO RUST PROOFING OF THE AFFECTED 1.00 170.00 0.00 170.00 Y AREA 3 TO REMOVE AND REFIT NECESSARY ITEMS 1.00 300.00 0.00 300.00 Y Y TO FACILITATE REPAIR 4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE 5 TO READJUST AND REALIGN HEADLAMP 1.00 150.00 0.00 150.00 Y 200.00 Y 200	LABOUR	order out	Service of the servic	CONTRACTOR OF THE	14.0	- In the	3 ()	
AREA 3 TO REMOVE AND REFIT NECESSARY ITEMS 1.00 300.00 0.00 300.00 Y TO FACILITATE REPAIR 4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE 5 TO READJUST AND REALIGN HEADLAMP AIM 6 TO RESPRAY FRONT BUMPER 1.00 250.00 0.00 250.00 Y TO RESPRAY FRONT BUMPER 1.00 250.00 0.00 250.00 Y TO RESPRAY FRONT BUMPER CENTER 1.00 250.00 0.00 250.00 Y TO RESPRAY FRONT BUMPER CENTER 1.00 250.00 0.00 250.00 Y TO RESPRAY FRONT BUMPER CENTER 1.00 250.00 0.00 250.00 Y TO RESPRAY FRONT BUMPER CENTER 1.00 659.60 131.92 527.68 L FRONT BUMPER COVER SY 1.00 659.60 131.92 527.68 L FRONT RH BUMPER RETAINER 1.00 98.63 19.73 78.90 L FRONT RH BUMPER SIDE SUPPORT 1.00 135.81 27.16 108.65 L FRONT RH BUMPER CENTER UPPER MOULDING 1.00 319.54 63.91 255.63 L FRONT BUMPER CENTER UPPER MOULDING 1.00 319.54 63.91 255.63 L FRONT BUMPER CENTER UPPER MOULDING 1.00 156.99 31.40 125.59 L FRONT BUMPER ENERGY ABSORBER 1.00 139.87 27.97 111.90 L FRONT RH BUMPER MOULDING 1.00 194.58 38.92 155.66 L FRONT RH BUMPER MOULDING 1.00 194.58 38.92 155.66 L FRONT RH FENDER LINER 1.00 250.05 199.66 119.93 479.73 L FRONT RH FENDER LINER 1.00 250.05 150.05 60.20 L FRONT RH FENDER EMBLEM 1.00 75.25 15.05 60.20 L FRONT RH FENDER EMBLEM 1.00 75.25 15.05 60.20 L FRONT RH FENDER CLIP SET 1.00 75.00 0.00 75.00 S FRONT BUMPER CENTER UPPER MOULDING 1.00 65.00 0.00 65.00 S FRONT BUMPER CENTER UPPER MOULDING 1.00 65.00 0.00 65.00 S FRONT BUMPER CLIP SET 1.00 75.00 0.00 75.00 S FRONT RH FENDER CLIP SET 1.00 75.00 0.00 75.00 S FRONT BUMPER CLIP SET 1.00 75.00 0.00 75.00 S FRONT BUMPER CENTER UPPER MOULDING 1.00 65.00 0.00 65.00 S FRONT BUMPER CENTER UPPER MOULDING 1.00 65.00 0.00 65.00 S FRONT BUMPER CENTER UPPER MOULDING 1.00 65.00 0.00 65.00 S FRONT BUMPER CENTER UPPER MOULDING 1.00 65.00 0.00 65.00 S FRONT BUMPER CENTER UPPER MOULDING 1.00 65.00 0.00 65.00 S FRONT BUMPER CENTER UPPER MOULDING 1.00 65.00 0.00 65.00 S FRONT BUMPER CENTER UPPER MOULDING 1.00 65.00 0.00 65.00 S FRONT BUMPER CENTER UPPER MOULDING 1.00 65.00 0.00 65.00 S FRONT BUMPER CENTER UPPER M		1.00	800.00	0.00			Y	300
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FRONT FENDER "COMFORT DELGRO" 1.00 250.00 0.00 250.00 S Y	FRONT BUMPER CENTER UPPER MOULDING							30
TOTAL: 6,077.88 ,106.58 4,971.30	FRONT FENDER "COMFORT DELGRO"	1.00	250.00	0.00	250.00	s	Y	East
	TOTAL:		6,077.88	,106.58	4,971.30			1

CLAIM DETAILS								
DESCRIPTION		QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
TOTAL PARTS & LABOUR	₹:	The second secon	8,717.88	1,106.58	7,611.30		7. 80. 90.	
EXCESS/LOADING:S\$	0.00							
No. Of Day:	3 days							
RE-SURVEY BEFORE	AFTER PAINTING	_						
		10	The state of the s					
SURVEYED BY:	RASUL							
CONTACT NO:	90010068	FAX NO:			_ 1			
NOTE: LUMP SUM AMO DAuto002 Ding Auto User 2	OUNT WOULD BE R	EVISED IF S	UPPLEMEN	T REPAIR I	S REQUIRED			
ESTIMATOR STA AUTOCENTRE				T. C.				
ΓEL:	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 <u>and</u> 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 witholding 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 O	F OWN VEHICLE
Vehicle Registration Number	SHD8618A
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes CITYCAB PTE LTD 1XXXXX839G fleetsafety@cdgtaxi.com.sg (Phone) +65-97480973 (Office) +65-65508768
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? /ehicle Category Transmission CC INSURANCE COMPANY	Hyundai Ae ioniq - Private hire No - Claiming third party Taxi Auto 1580
lame of Insurance Company ype of Coverage leet Policy olicy Number Cover Note Number	AXA Insurance Pte Ltd ThirdPartyFireTheft Yes VFX/P2419140
Name of Driver	

LEOW KIAM SENG SXXXX925F

of Birth	17/12/1953
upation	Outdoor
of Driving Pass	16/04/1974
iving experience	47 YEARS AND 2 MONTHS
Bender	Male
Mobile Number	(Phone) +65-97480973
Aft. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 520 JURONG WEST STREET 52 #13-173
Address complement	- 220 00 NONG WEST STREET 52 #15-1/3
Postcode	640520
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	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	e 목시되는 경에 발표되는 것이 되는 사람들은 사람들이 함께 되었다. 그리
Insurance Company of Other Vehicle Owned by Driver	물병에 가지를 하고 했다면 가는 그리고 있는 사람이 되었다.
	경기를 하면 살아보고 하면 하는 것이 아니는 그는 그를 모르는 것이 없다.
GENERAL INFORMATION OF THE ACCIDENT	얼마는 내가 된 것이었다. 얼마를 하는 것이 말 모든 말이 먹어지?
Type of Accident	[일본 - 기본 -
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
	그리에 마르크의 사이들의 회원 생활이 되는 경기 모두 때문에 다
OTHER INFORMATION	
그 걸린 사람이는 이렇게 하고 있는 것을 바꿨다. 그는 그리는 말이라고 그리고 되었다.	
Was any foreign vehicle involved in the accident?	가 귀슨 보이 많은 사이트를 보고 있다. 중하는 것이 있다면 보다 다른 것이다.
Number of vehicles involved in the accident	
Was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	그릇들까가 다른 가면 모르는 아름다고 하고 있는 모이라는 것이다.
Number of Passengers (Including Driver)	Yes
	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Soliciting/oriening accident claims assistance:	
PASSENGER 1	이 생각이 그렇게 하는 이 나를 다 가는 이 사람이 되었다.
Name	UNKNOWN
Gender	Male
	Male Committee of the C
	면 이 글로, 이번 100 분에 가는 이 글로, 하는 이 등 개념하고 있다면 보다.
DETAILS OF POLICE ACTION	현실, 살아 있는 가장, 얼마는 사람이 되고 있는 것이 없어야 한다는 것이라고 했다.
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	존 텔레틴하다 보고 그리는 계약 이렇게 되는 것은 기를 보고 있다.
CIRCUMSTANCES OF ACCIDENT	
그 아름이 그림으로 내는 회약에 이 모든데 하는 집 같아요?	
THE LEFT OF THE ROAD TO DROP OFF PASSENGER, ONCE	SHD8618A AT LORONG 34 GEYLANG.I PARKED MY VEHICLE ON DROP OFF MY PASSENGER I TURN OUT MY VEHICLE, MY
VEHICLE FRONT RIGHT HIT ONTO VEHICLE B SMR4775Y LE	FT 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	Yes
Was there any audio recorded?	
True and additional feed and a second a second and a second a second and a second a second and a second and a second and a second and a	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
We did become	
Vehicle Registration Number	SMR4775Y
Vehicle Manufacturer Vehicle Model	
V CITICLE IVIDIDAL	

Variant	
colour	- 1 ha a second
ACID LEGISTIC	- 1
110	Private car
of Driver	-
Lass	(Phone) +65-91444477
ress complement	-
trode	<u>-</u>
surance Company Name	•
Nature Of Damage	
Details of property damaged in accident	± 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
No. Of Passenger (Including Driver)	-

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 Formby 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 todgement 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)

lunderstand, acknowledge, agree and consent that :

- (a) My insurer . my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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.
- (i) investigating the accident and/or my claims:
- (iii) carrying out and/or dealing w ith my instructions or responding to any enquiries by me:
- (iv) administering my claims (including the mailing of correspondence, statements, involces, 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.

olicyholder's Signature / Date & me ketch Plan	& Time 674			Personnel	Reporting Co	intre
A) SITO 8618 A		Greekens	bous			
B smy 47754		8		المسرا	1 m	
		HEHIO!E	S	34 G		
		VEHICLE A		ر م		

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

Mosky

1205 HA

Witnessed by Proporting Centre
Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	839G
	The state of the s
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:	
Actual ARF Paid:	\$12,139.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Dec 2026
PARF Rebate Amount:	\$9,104.00
	10 Dec 2026
COE Expiry Date:	A - Car up to 1600cc & 97kW (130bhp)
COE Category:	A - Car up to 1600cc a 77kW (150516)
COE Period(Years):	\$22,057.00
PQP Paid:	
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