

(08/11/13) wef

ASS. REC. BY: RSM

REF:

821R

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.

N/S	O/S

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: SH 8535D Yr Regn: 2020 1stType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HYUNDAI KE100Q 1-6 c.c. 1580Colour: BLUE AC: Insured / Std / NI / NASp. Reading: 91202 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB851CVLU189648Gen. 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: 205/65R16R: 1

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

TOYO / YOKO or WESTLAK

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 28/06/21D.O.I. 28/06/21Survey held at COMFORT LOYANG

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

o/s Frt

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: _____

Add Fee: ☐

: Site Insp (\$ _____)

) \$ + RS \$ _____

☐

: Interview (\$ _____)

) Photos

☐

: Tech. Invs (\$ _____)

) Others

☐

: Weekend (\$ _____)

Report Format : _____

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

REPAIR ESTIMATE*

VEHICLE NO SH8535D

DATE 26.06.21

MAKE :

MODEL : HYUNDAI IONIQ G3

CHIANG/CHINA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT DOOR OUTER HANDLE RH <i>sc</i>			\$234.80
1	FRONT FENDER RETAINER RH ?			\$41.40
1	FRONT FENDER EMBLEM <i>sc</i>			\$26.60
1	FRONT FENDER SHIELD RH X			\$164.70
1	FRONT FENDER RH <i>6+</i>			\$588.80
	SUB TOTAL			\$1,056.30
	LESS 20%			\$211.26
	DISCOUNTED TOTAL			\$845.04
1	FRONT DOOR COMFORT LOGO STICKER <i>sc</i>			\$75.00
1	REAR DOOR COMFORT APP STICKER <i>sc</i>			\$80.00
				\$155.00
	Labour Charge			
	Panel Beating		<i>525</i>	\$1,200.00
	Spray Painting Charge		<i>500</i>	\$600.00
	Remove/refix door parts			\$120.00
	Check Wiring			\$60.00
	TOTAL LABOUR			\$1,980.00
	ESTIMATE TOTAL			\$2,980.04

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.

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:

Ram

Hp 90010066

4 days

P/P

28/06/21 P1645

Res before part

Date/Time: 28.06.2021 12:46 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4093160 JC NO.: 305475721

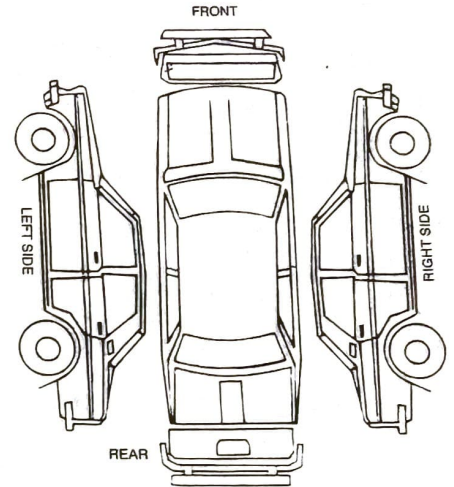
CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P) (O)		REGN NO.: SH 8535D MAKE: HYUNDAI MODEL: IONIQ(G3) YR OF MANU. 30.09.2020 CHASSIS CODE KMHC851CVLU189648	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 28.06.2021 10:00 TARGET DATE COMPLETION DATE/TIME:
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COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 25.06.2021
NATURE: 3P 25.06.2021

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SH 8535D

CHIANG

Vehicle No.:

SH 8535D

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 27/06/2021 11:43 (SGT)
Date of Accident 25/06/2021 23:35 (SGT)
Exact Location of Accident Kim Keat Link, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8535D

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) +65-96743422
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 YIP CHIN CHUEN
NRIC No SXXXX0801

Date of Birth	21/11/1954
Location	Outdoor
Date of Driving Pass	30/03/1991
Driving experience	30 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96743422
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 488A TAMPINES AVENUE 9
Address complement	#10-168
Postcode	520488
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	Side Swipe
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 vehicle 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 25062021 AT ABOUT 2335HRS I WAS DRIVING MY VEHICLE A SH8535D ALONG KIM KEAT LANE TO PICK A PASSENGER. VEHICLE B SLH1430B WHICH WAS ON THE OPPOSITE DIRECTION DROVE VERY CLOSE TO MY VEHICLE BECAUSE THERE WERE CARS PARKED ON HIS LEFT SIDE. VEHICLE B RIGHT SIDE MIRROR THEN HIT MY VEHICLE A LEFT SIDE MIRROR. DUE TO THE IMPACT I LOST CONTROL OF MY STEERING WHEEL AND SIDE SWIPE VEHICLE B RIGHT REAR. VEHICLE B ALSO SWERVED LEFT WHICH CAUSED THE REAR SIDE SWIPE. NO ONE WAS INJURED

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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH1430B
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category
Name of Driver
NIC No
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
CHONG WEI YANG
SXXXX637E
(Phone) +65-96367754
-
-
-
-
RIGHT SIDE
-
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:

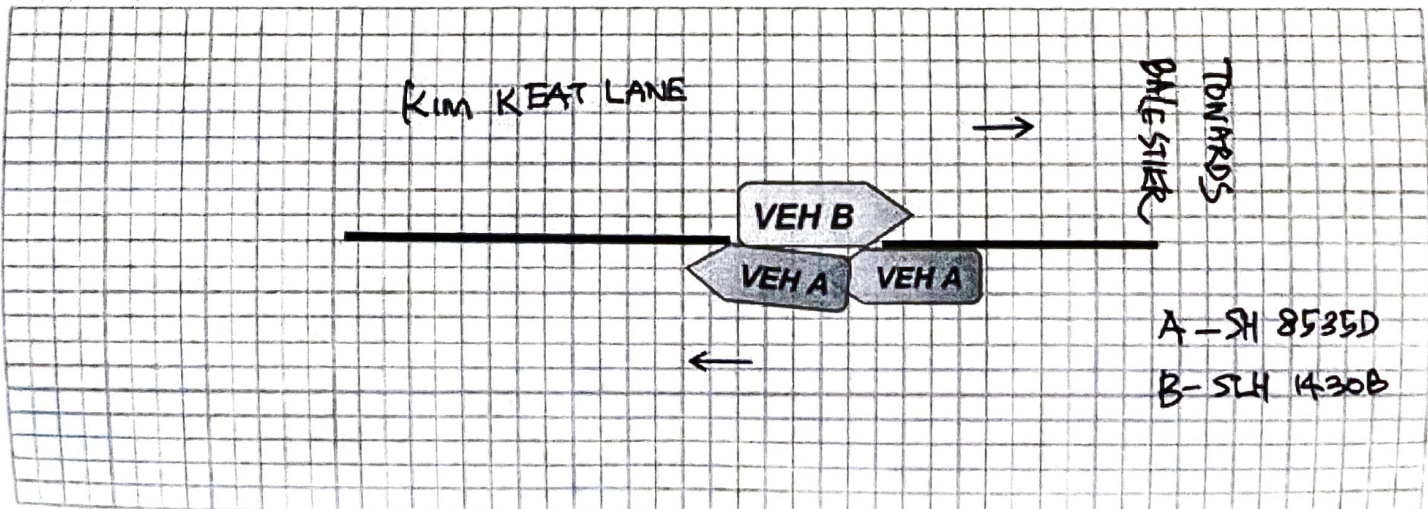
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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

Driver's Signature (If driver is not the policyholder) / Date & Time 26.06.2021 1015 HRS

Witnessed by Reporting Centre Personnel Kyoni Young

Sketch Plan



Describe Circumstances of the Accident

ON 25062021 AT ABOUT 2335HRS I WAS DRIVING MY VEHICLE A SH8535D ALONG KIM KEAT LANE TO PICK A PASSENGER. VEHICLE B SLH1430B WHICH WAS ON THE OPPOSITE DIRECTION DROVE VERY CLOSE TO MY VEHICLE BECAUSE THERE WERE CARS PARKED ON HIS LEFT SIDE. VEHICLE B RIGHT SIDE MIRROR THEN HIT MY VEHICLE A LEFT SIDE MIRROR. DUE TO THE IMPACT I LOST CONTROL OF MY STEERING WHEEL AND SIDE SWIPE VEHICLE B RIGHT REAR. VEHICLE B ALSO SWERVED LEFT WHICH CAUSED THE REAR SIDE SWIPE. NO ONE WAS INJURED

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 26.06.2021 1032 HRS

Witnessed by Reporting Centre Personnel Kayani Y. S

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	821R
Vehicle No.:	SH8535D
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Jun 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU407859
Chassis No.:	KMHC851CVLU189648
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,470.00
Original Registration Date:	30 Sep 2020
First Registration Date:	30 Sep 2020
Transfer Count:	0
Actual ARF Paid:	\$12,658.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Sep 2028
PARF Rebate Amount:	\$9,493.00
COE Expiry Date:	29 Sep 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$26,512.00
COE Rebate Amount:	\$24,026.00
Total Rebate Amount:	\$33,519.00

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 29 Jun 2021

OK