

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|---|--------------------------------------|
| Owner ID Type: | Company |
| Owner ID: | 839G |
| Vehicle Details | |
| Vehicle No.: | SHD8622L |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 28 Jul 2021 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | AE IONIQ HEV 1.6 DCT |
| Primary Colour: | Yellow |
| Manufacturing Year: | 2018 |
| Engine No.: | G4LEJU112374 |
| Chassis No.: | KMHC851CVKU115263 |
| Maximum Power Output: | 103.6 kW (138 bhp) |
| Open Market Value: | \$25,079.00 |
| Original Registration Date: | 04 Dec 2018 |
| First Registration Date: | 04 Dec 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$12,111.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 03 Dec 2026 |
| PARF Rebate Amount: | \$9,083.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 03 Dec 2026 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$22,057.00 |
| COE Rebate Amount: | \$14,742.00 |
| Total Rebate Amount: | \$23,825.00 |
| Message | |
| 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 28 Jul 2021

OK

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATEDATE: 27.07.21INSURANCE: AIG ASIAMODEL: Hyundai IoniqMVA: LIM T SVEHICLE NO.: SHD8622L*CityCab*

| PART NO. | DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|----------|---|-----|------------|-------------------|
| | Rear Smart Key Antenna | 1 | | \$40.50 |
| | Rear Bumper | 1 | | \$459.40 |
| | Rear Bumper Reinforcement | 1 | | \$394.80 |
| | Rear Bumper Reinforcement Bracket (LH/RH) | 2 | \$138.10 | \$276.20 |
| | Rear Bumper Centre Moulding Assy | 1 | | \$451.25 |
| | Rear Bumper Lower Centre Moulding Assy | 1 | | \$155.00 |
| | Rear Bumper Cover Clips | 10 | \$2.20 | \$22.00 |
| | Rear Bumper Fog Lamp | 1 | | \$201.50 |
| | Rear Bumper Towing Cover | 1 | | \$98.80 |
| | SUB TOTAL | | | \$2,099.45 |
| | LESS 20% | | | \$419.89 |
| | DISCOUNTED TOTAL | | | \$1,679.56 |
| | Rear Bumper Mat | 1 | | \$50.00 |
| | Rear Bumper Reverse Sensor | 1 | | \$180.00 |
| | Rear No. Plate W/Trim Cover | 1 | | \$55.00 |
| | S/NETT TOTAL | | | \$285.00 |
| | SPARE PARTS TOTAL | | | \$1,964.56 |
| | Labour Charge | | | |
| | Panel Beating | | | \$400.00 |
| | Spray Painting Charge | | | \$300.00 |
| | Remove/Refix Reverse Sensor | | | \$120.00 |
| | TOTAL LABOUR | | | \$820.00 |
| | ESTIMATE TOTAL | | | \$2,784.56 |

?
XR Scr
XR?
XR
condition?
DT
XR Scr
N/C
XR
DT

✓ nec
✓ cut
Xr

350
250
30

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.

Thevan Lhk w/p
27/6/21 16/5
82235769
thavan@Lhk auto. lsm
2 days

LKK Auto Consultants hereby 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:

RE: Accident involving SHD8622L and your insured SKK6793S dated 24.07.2021

AIG SGP, Claims-Survey <AIGSGP_ClaimsSurvey@aig.com>

Tue 27/7/2021 11:58 AM

To: Lim Tien Siong <limts@cdge.com.sg>

CAUTION : This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment unless you know the sender.

Hi Sir,

We'll appoint LKK to conduct survey.

Thanks.

AIG Claims Survey

From: Lim Tien Siong <limts@cdge.com.sg>

Sent: Tuesday, July 27, 2021 11:53 AM

To: AIG SGP, Claims-Survey <AIGSGP_ClaimsSurvey@aig.com>

Subject: [EXTERNAL] Accident involving SHD8622L and your insured SKK6793S dated 24.07.2021

This message is from an external sender; be cautious with links and attachments.

Officer in charge,

Best Regards,

Lim Tien Siong

Taxi Accident Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156

Do you really need to print?
Go Digital! Go Paperless!



From: canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>

Sent: Tuesday, 27 July 2021 11:44 AM

To: Lim Tien Siong <limts@cdge.com.sg>

Subject: Scan Image

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

Date/Time: 27.07.2021 11:16

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305480028

OMER

CITYCAB PTE LTD

7010070

S

OMER NO.

383 SIN MING DRIVE

ESS

Singapore SINGAPORE 575717

65551188

(R)

(O)

(P)

JUNT CARD NO.

| | |
|-------------------------------|-------------------------------|
| REGN NO.: SHD8622L | MILEAGE |
| MAKE : HYUNDAI | FUEL E.....1/2.....F |
| MODEL IONIQ(G2) | DATE/TIME IN 26.07.2021 12:55 |
| YR OF MANU 04.12.2018 | TARGET DATE |
| CHASSIS CODE KMH851CVKU115263 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

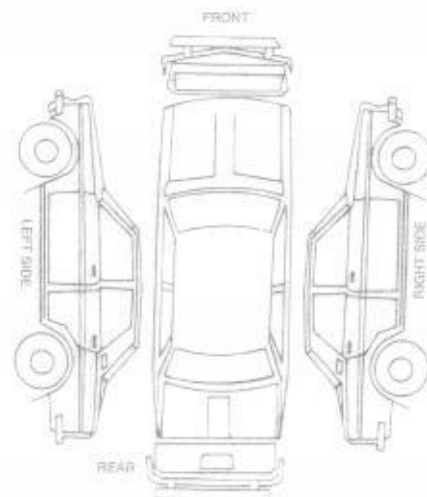
Accident Date: 24.07.2021

NATURE: 3P 24.07.2021

S/NO

LABOR CODE

DESCRIPTION



U & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

SHD8622L

LIMITS

Exit Pass

Vehicle No.:

SHD8622L

ice Advisor

to Service Reception upon collection

Signature/Date

Name of Service Advisor

Date

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 | 27/07/2021 08:58 (SGT) |
| Date of Accident | 24/07/2021 12:30 (SGT) |
| Exact Location of Accident | MacPherson Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHD8622L |
|-----------------------------|----------|

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) +65-83838921 |
| 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 | YEE TIM WAH |
| NRIC No | SXXXX550H |

| | |
|--|------------------------------------|
| Date Of Birth | 17/01/1968 |
| Occupation | Outdoor |
| Date Of Driving Pass | 15/10/1987 |
| Driving experience | 33 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83838921 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 34 NLORONG 5 TOA PAYOH #03-317 |
| Address complement | - |
| Postcode | 310034 |
| 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 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 24/07/2021 AT ABOUT 1230HRS, I WAS DRIVING VEH (A) SHD8622L ALONG MACPHERSON ROAD TOWARDS BENDEMEER ROAD. WHILE STATIONARY ON FIRST LANE (TURN RIGHT LANE) VEH (B) SKK6793S COLLIDED ONTO VEHICLE A REAR BUMPER. I SUSTAINED SHOULDER PAIN DUE TO THE IMPACT.

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 | SKK6793S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |

| | |
|---|----------------------|
| Contact Number | (Phone) +65-91443721 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|------------------------------------|
| Name of injured person | YEE TIM WAH |
| Address | BLK 34 NLOHONG 5 TOA PAYOH #03-317 |
| Address Complement | - |
| Post Code | 310034 |
| Approximate Age Years Old | 53 |
| Injuries Sustained | SHOULDER PAIN - 2 DAYS MC |
| Injured person in which vehicle? | SHD8622L |
| 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 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)**

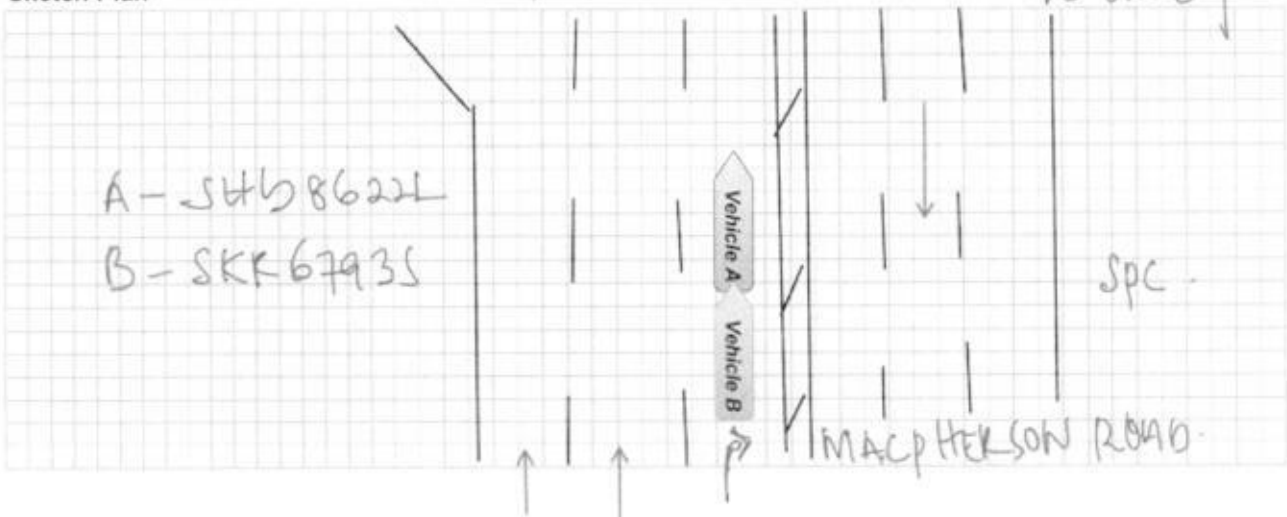
I understand, acknowledge, agree and consent that:

- (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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 24/07/2021 AT ABOUT 1230HRS, I WAS DRIVING VEHICLE A (SHD8622L) ALONG MACPHERSON ROAD TOWARDS BENDEMEER ROAD. WHILE STATIONARY ON FIRST LANE (TURN RIGHT LANE) VEHICLE B (SKK6793S) COLLIDED ONTO VEHICLE A REAR BUMPER. I SUSTAINED SHOULDER PAIN DUE TO THE IMPACT.

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

26/7/21 - 1400H

Waharaj