

(08/21/13) wef

ASS. REC. BY: Rosme

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.

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHL 3782X

Yr Regn:

2019 / vol

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

Truck / Trailer or

Make:

HYUNDAI IONIQ HEN PL-60U c.c 1580

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

265150

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH851CVLU188159

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / 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

WESTLAK

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

30/07/21

D.O.I.

02/08/21

Survey held at

COMFORT WAY

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

O/S REAR

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS SI

) Photos

) Others

TOTAL

Report Format :

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

REPAIR ESTIMATE*

VEHICLE NO : SHC3782X

DATE 30.07.21

MAKE :

MODEL : HYUNDAI IONIQ G3

CHIANG/CHINA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT DOOR OUTER HANDLE RH repair			\$234.80
1	FRONT DOOR PROTECTOR RH sca			\$110.10
1	REAR DOOR PROTECTOR RH sca			\$125.30
1	REAR WHEEL COVR RH sca			\$346.40
	SUB TOTAL			\$816.60
	LESS 20%			\$163.32
	DISCOUNTED TOTAL			\$653.28
1	FRONT DOOR COMFORT LOGO STICKER X			\$75.00
1	REAR DOOR COMFORT APP STICKER			\$80.00
				\$155.00
	Labour Charge			
	Panel Beating		350	\$600.00
	Spray Painting Charge		500	\$900.00
	Remove/refix upholstery		X	\$90.00
	Check Wiring		X	\$60.00
	TOTAL LABOUR			\$1,650.00
	ESTIMATE TOTAL			\$2,458.28
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:

Rasul

Hp 90010068

3 days

4/5

02/08/21 @ 1550

Res after repair

Date/Time: 02.08.2021 09:47

Page : 1

Sam: ARC Repair TP(CLSO)1		JOB CARD		Sales Order:		JC NO.: 305480944	
COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755				REGN NO.: SHC3782X		MILEAGE	
OWNER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755				MAKE : HYUNDAI		FUEL E.....1/2.....F	
(R) (P)				MODEL IONIQ(G3)		DATE/TIME IN 31.07.2021 08:45	
(O)				YR OF MANU 07.11.2019		TARGET DATE	
SCOUT CARD NO.				CHASSIS CODE KMHC851CVLU188159		COMPLETION DATE/TIME:	

JOB DESCRIPTION

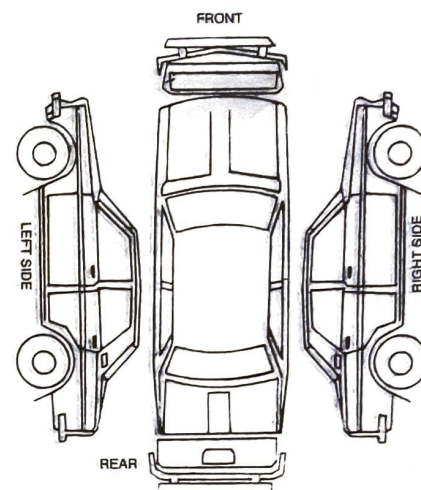
Accident Date: 30.07.2021

NATURE: 3P 30.07.2021

S/NO

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.:

SHC3782X

SHC3782X

CHIANG

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

- Please report correctly the details of the accident to speed up the claims process.
This Form must be completed by the Policyholder and/or the Authorised Driver.
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.
The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
Any false reporting may be referred to the Police for investigation.
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	31/07/2021 17:13 (SGT)
Date of Accident	30/07/2021 20:50 (SGT)
Exact Location of Accident	Marine Parade Rd, Parkway Parade, Singapore 449269
Additional Location Information	TAXI PICK UP AND DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3782X
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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) +65-96952136
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	BOK KENG SENG
NRIC No	SXXXX242E

Birth	16/10/1961
Sex	Male
Driving Pass.	Outdoor
Driving experience	18/05/1984
Age	37 YEARS AND 2 MONTHS
Mobile Number	(Phone) +65-96952136
Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 77 TELOK BLANGAH DRIVE #08-224
Address complement	-
Postcode	100077
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 30/07/2021 AT ABOUT 2050HRS I DROVE MY VEHICLE A SHC3783X TO PARKWAY PARADE TAXI PICK UP AND DROP OFF POINT. AS I WAS DRIVING STRAIGHT PASS VEHICLE B SML4622L WHICH WAS ON MY RIGHT. VEHICLE B WITH HAZARD LIGHTS ON SUDDENLY SWERVED OUT AND SIDE SWIPE HIS VEHICLE B LEFT FRONT ONTO MY VEHICLE A MIDDLE RIGHT SIDE.
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 IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML4622L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Driver	-
Number	-
Is complement	-
Code	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 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

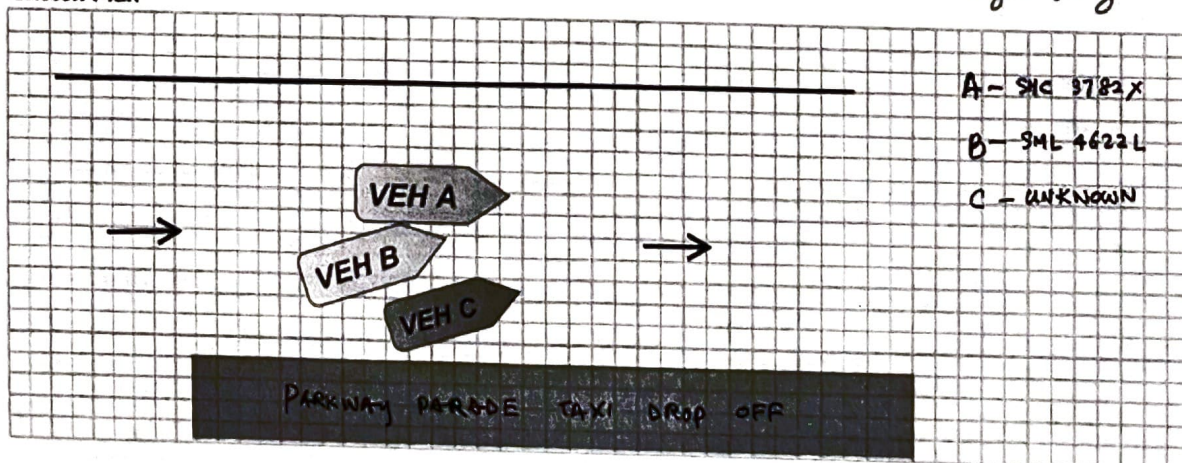
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

ON 30/07/2021 AT ABOUT 2050HRS I DROVE MY VEHICLE A SHC3783X TO PARKWAY PARADE TAXI PICK UP AND DROP OFF POINT. AS I WAS DRIVING STRAIGHT PASS VEHICLE B SML4622L WHICH WAS ON MY RIGHT. VEHICLE B WITH HAZARD LIGHTS ON SUDDENLY SWERVED OUT AND SIDE SWIPE HIS VEHICLE B LEFT FRONT ONTO MY VEHICLE A MIDDLE RIGHT SIDE.
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 31-07-2021 1000HRS



Witnessed by Reporting Centre Personnel Agni Yong

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	821R
Vehicle No.:	SHC3782X
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Aug 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU402798
Chassis No.:	KMHC851CVLU188159
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,375.00
Original Registration Date:	07 Nov 2019
First Registration Date:	07 Nov 2019
Transfer Count:	0
Actual ARF Paid:	\$12,525.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Nov 2027
PARF Rebate Amount:	\$9,393.00
COE Expiry Date:	06 Nov 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,933.00
COE Rebate Amount:	\$20,296.00
Total Rebate Amount:	\$29,689.00

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 02 Aug 2021

OK