Assg Rec By: Thevan | Ref: Ntuc | Est

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs. 2 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: SHC8014 Yr Regn: 16/1/200

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

Truck / Trailer or

Make: Hyundai ioniC c.c 1600

Colour: yellow A/C: Insured / Std / NI / NA

Sp.Reading 168859 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC851CULU181414

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi: Nil / (S/Rim) / STD A/Rim or

Tyre Size: F: 195/65R15

R: 195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or westlake

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	3/17/21	D.O.I.	3/8/21 1545

Survey held at Comfort

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

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

Date / Time	Action / Instruction
	rebate: 30657

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

[ ] : Prell. Report

[ ] : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Inve ($)

[ ] : Weekend ($)

Survey Fee:

Transportation: S + RS SI

Parking

Others

TOTAL

Request Forms :

Entry Slip / EBJ : :

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	
Vehicle No.:	SHC801U
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Aug 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Yellow
Manufacturing Year:	2019
Engine No.:	G4LEKU393123
Chassis No.:	KMHC851CVLU184164
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	$25,755.00
Original Registration Date:	16 Jan 2020
First Registration Date:	16 Jan 2020
Transfer Count:	0
Actual ARF Paid:	$13,057.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Jan 2028
PARF Rebate Amount:	$9,792.00
Intended COE Rebate Details	
COE Expiry Date:	15 Jan 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	$25,895.00
COE Rebate Amount:	$20,865.00
Total Rebate Amount:	**$30,657.00**

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 04 Aug 2021

OK

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

LKK -

DATE: **3-Aug-21**

INSURANCE: **NTUC** CP/P)

MODEL: **Hyundai Ioniq**

MVA: **LIM T S**

VEHICLE NO.: **SHC 801U – CityCab**

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	Rear Smart Key Antenna	1		$40.50	Xr
	Rear Bumper	1		$459.40	X r
	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	/ cut
	Rear Bumper Lower Centre Moulding Assy	1		$155.00	X r
	Rear Bumper Cover Clips	10	$2.20	$22.00	/ Nil
	Rear Bumper Fog Lamp	1		$201.50	X r
	Rear Bumper Towing Cover	1		$98.80	Xr
	SUB TOTAL			$2,099.45	
	LESS 20%			$419.89	
	DISCOUNTED TOTAL			**$1,679.56**	
	Rear Bumper Reverse Sensor	1		$180.00	/ Cut
	Rear No.Plate W/Trim Cover	1		$55.00	/ Cut
	SUB S/NETT			$235.00	
	LESS 10%			$23.50	
	SUB S/NETT TOTAL			**$211.50**	
	SPARE PARTS TOTAL			**$1,891.06**	
	Labour Charge				
	Panel Beating			$400.00	350
	Spray Painting Charge			$300.00	250
	Remove/Refix Reverse Sensor			$120.00	30
	TOTAL LABOUR			**$820.00**	
	ESTIMATE TOTAL			**$2,711.06**	

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 LKK
WP 2days
82235769
thevan@lkkauto.com

COMFORTDELGRO
ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : 65 6383 6280 Facsimile : 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 03.08.2021 10:04 Page : 1

JOB CARD

Team: ARC Repair TP(CFSO)1 Sales Order: JC NO.: 305481161

TOMER

MS CITYCAB PTE LTD
TOMER NO. 7010070
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

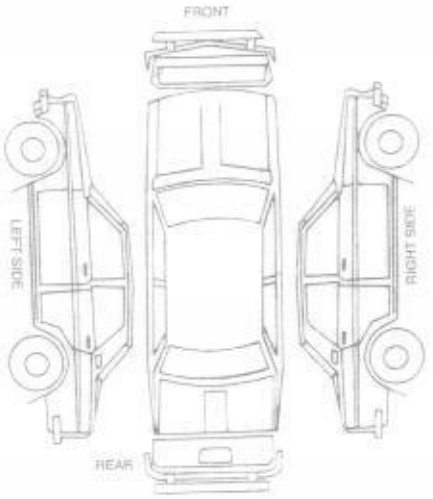
OUNT CARD NO.

REGN NO.: SHC 801U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 02.08.2021 09:40
YR OF MANU 16.01.2020	TARGET DATE
CHASSIS CODE KMHC851CVLU184164	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 31.07.2021
NATURE: 3P 31.07.2021

S/NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC 801U LIMTS

Service Advisor Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 801U

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 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	02/08/2021 18:41 (SGT)
Date of Accident	31/07/2021 18:35 (SGT)
Exact Location of Accident	Clementi Ave 2, Singapore
Additional Location Information	TOWARDS CLEMENTI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC801U

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) +65-94567387
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	NEO KAY MENG
NRIC No	SXXXX384C

Date Of Birth	10/11/1958
Occupation	Outdoor
Date Of Driving Pass	06/01/1992
Driving experience	29 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94567387
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 331 ANG MO KIO AVENUE 1 #06-1871
Address complement	-
Postcode	560331
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 31/07/2021 AT ABOUT 1835HRS I WAS DRIVING MY VEHICLE (A) SHC801U ALONG CLEMENTI AVE 2 TURNING LEFT ONTO CLEMENTI ROAD. AT THE SLIP ROAD I STOP TO CHECK ON TRAFFIC. VEHICLE (B) YQ1877U THEN REAR ENDED MY STATIONARY VEHICLE A. AFTER IMPACT I FEEL PAIN ON MY NECK AND BACK. WILL SEE DOCTOR.

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	YQ1877U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Contact Number	(Phone) +65-91243576
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NEO KAY MENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK AND BACK
Injured person in which vehicle?	SHC801U
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 w ilful misrepresentation or w ithholding 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 w ill be forw arded 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 w ill 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, acknow ledge, 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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

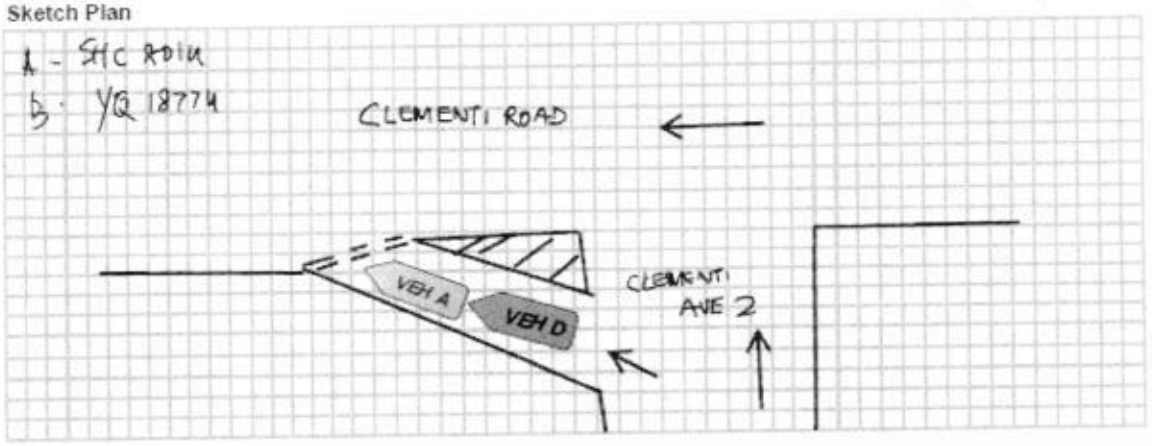
(collectively the "**Purposes**")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), w hich 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 02 08 2021 1030HRS	Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 31/07/2021 AT ABOUT 1835HRS I WAS DRIVING MY VEHICLE A SHC801U ALONG CLEMENTI AVE 2 TURNING LEFT ONTO CLEMENTI ROAD. AT THE SLIP ROAD I STOP TO CHECK ON TRAFFIC. VEHICLE B YQ1877U THEN REAR ENDED MY STATIONARY VEHICLE A. AFTER IMPACT I FEEL PAIN ON MY NECK AND BACK. WILL SEE DOCTOR.

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 02-08-2021 1039HRS	Witnessed by Reporting Centre Personnel