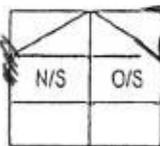


Ref: Thevan / NTAC

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.



Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 1 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: SHA44780 Yr Regn: 25/10, 19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / (Tax) / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Ioniq c.c. 1580
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 185586 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHCB51CULU187154
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / (SR) / 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

<u>Front</u>	<u>Rear</u>
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>10/8/21</u>	D.O.I. <u>11/8/21 1515</u>

 Survey held at Comfort
 Des. of Damages: Frt / Rear / O/S / (N/S) / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>rebate : 28682</u>

Over/Time, File Pass to? : Prelim. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Insp (\$)
 : Wash end (\$)

Survey Fee: _____
 Transportation: _____ \$ + RS _____ \$
 Petrol: _____
 Oil: _____
 Total: _____

Request Form: _____
 Date / Time / File Return to? _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHA4478D
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Aug 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU399652
Chassis No.:	KMHC851CVLU187154
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,695.00
Original Registration Date:	25 Oct 2019
First Registration Date:	25 Oct 2019
Transfer Count:	0
Actual ARF Paid:	\$12,973.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Oct 2027
PARF Rebate Amount:	\$9,729.00
Intended COE Rebate Details	
COE Expiry Date:	24 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$24,460.00
COE Rebate Amount:	\$18,953.00
Total Rebate Amount:	\$28,682.00
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 12 Aug 2021

OK

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305482028

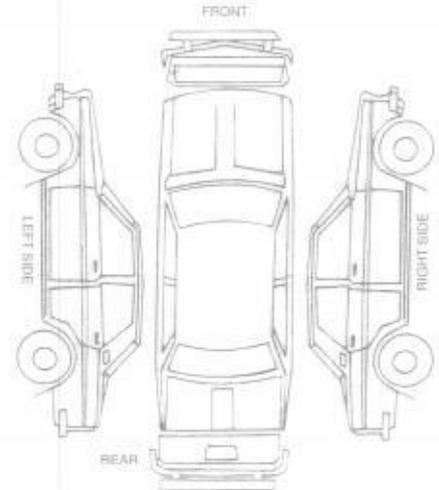
TOMER AS TOMER NO. ADDRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755		REGN NO.: SHA4478D	MILEAGE
			MAKE : HYUNDAI	FUEL E.....1/2.....F
			MODEL IONIQ(G3)	DATE/TIME IN 10.08.2021 11:30
			YR OF MANU. 25.10.2019	TARGET DATE
			CHASSIS CODE KMHC851CVLU187154	COMPLETION DATE/TIME:

QUANTITY CARD NO.

JOB DESCRIPTION

Accident Date: 10.08.2021
NATURE: 3P 10.08.2021

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip:

Exit Pass

No.: **SHA4478D** **LIMITS**

Vehicle No.: **SHA4478D**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle to be returned 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	10/08/2021 15:16 (SGT)
Date of Accident	10/08/2021 09:55 (SGT)
Exact Location of Accident	Jalan Bukit Merah & Hoy Fatt Rd, Singapore
Additional Location Information	TOWARDS SGH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4478D
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) +65-91809070
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	ANG SENG CHUAN
NRIC No	SXXXX748J

Date Of Birth	18/04/1962
Occupation	Outdoor
Date Of Driving Pass	10/11/1979
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91809070
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 354 YISHUN RING ROAD #04-1768
Address complement	-
Postcode	760354
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MR SIA
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

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 10/08/2021 AT ABOUT 0955HRS I WAS DRIVING MY VEHICLE A SHA4478D ON THE MOST RIGHT LANE OF JALAN BUKIT MERAH TOWARDS SGH. AFTER LOY FATT ROAD VEHICLE B GX875H FROM THE MIDDLE LANE ON MY LEFT SWERVED INTO MY LANE AND HIT MY VEHICLE A LEFT SIDE MIRROR WITH HIS VEHICLE B RIGHT REAR. MY LEFT SIDE MIRROR CRACKED. MY PASSENGERS ARE NOT INJURED. HANDPHONE EXCHANGED

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	GX875H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.

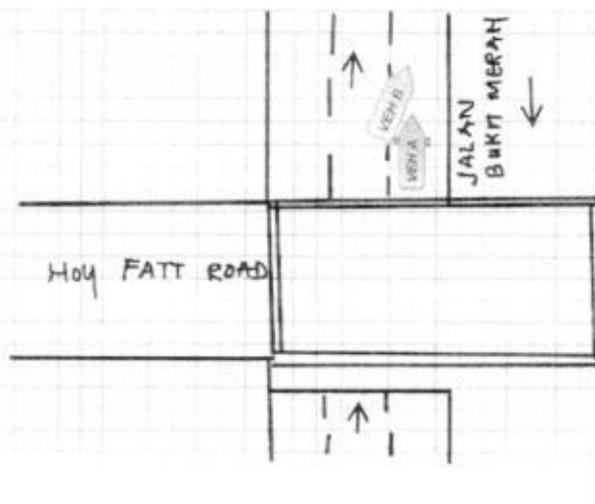
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
 10-08-2021 1205 HRS

Witnessed by Reporting Centre Personnel
 Kyai Yong

Sketch Plan

A - SKA 4478 D
 B - GX 875 H



Describe Circumstances of the Accident

ON 10/08/2021 AT ABOUT 0955HRS I WAS DRIVING MY VEHICLE A SHA4478D ON THE MOST RIGHT LANE OF JALAN BUKIT MERAH TOWARDS SGH. AFTER LOY FATT ROAD VEHICLE B GX875H FROM THE MIDDLE LANE ON MY LEFT SWERVED INTO MY LANE AMD HIT MY VEHICLE A LEFT SIDE MIRROR WITH HIS VEHICLE B RIGHT REAR. MY LEFT SIDE MIRROR CRACKED. MY PASSENGERS ARE NOT INJURED. HANDPHONE EXCHANGED

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 07.08.2021 17:22HRS



Witnessed by Reporting Centre Personnel Kupa Yang