

File No: Thuvan

Ref: NTAC

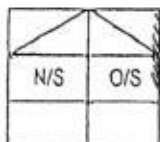
NS/INC21008489/Vvc

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: **SLU 1164B**
 Policy No. _____
 Claims No. **MT/1140723-002**
 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 Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SH44299D** Yr Rogn: **8/10**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Car / Prime Mover /
 Truck / Trailer or
 Make: Hyundai c.c. **1580**
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: **337460** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **KMHCB851CVKH 114725**
 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: **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. 10/8/21 D.O.I. 11/8/21 1700
 Survey held at Comfort
 Des. of Damages: Fr / Rear / O/S / NIS / UIC / Roof/Top or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>rebate: 24570</u>
13/8/21	Thevan confirmed LS \$1350 (Red 1104.64, 45%)

Date/Time, File Pass to?

☐

: Procl. Report

ij

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

\$ + RS. \$

Paints

Others

TOTAL

13/8/21-Typist

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Inve (\$

☐ : Wash and (\$

Request Form: **TP**

Letter Sign / Ref: **LS \$1350**

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 11.08.2021

Time: 15:31:55

Page: 1

Hue CLS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305482331
 REGN NO : SHA4299D
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 08.10.2018
 DATE/TIME IN : 10.08.2021 16:00
 ACCIDENT DATE : 10.08.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G	COVER-FR BUMPER#	1	430.90	20.00	344.72	Xr
0002 04-01-0104-0573-G	PANEL-FENDER RH#	1	588.80	20.00	471.04	/DT
0003 04-01-0104-3913-G	EMBLEM-BLUE DRIVE RH	1	26.60	20.00	21.28	/Nec
0004 04-01-0101-0111-G	BUMPER COVER CLIP	10 L	22.00	20.00	17.60	/Nec

SUB-TOTAL : 854.64

JOB NATURE

0000 PB	PANEL BEATING	800.00	525
0001 SP	SPRAYPAINT CHARGE	600.00	500
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	30
0004 20-05	RENEW ADVERTISEMENT STICKER-	100.00	/

SUB-TOTAL : 1,600.00

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:

11/8/21 1700
 2days wp
 Thuan Lkh
 82235769
 thuan@lkhauto.com

L/S

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHA4299D
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Aug 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	G4LEJU110779
Chassis No.:	KMHC851CVKU114725
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,968.00
Original Registration Date:	08 Oct 2018
First Registration Date:	08 Oct 2018
Transfer Count:	0
Actual ARF Paid:	\$11,956.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Oct 2026
PARF Rebate Amount:	\$8,967.00
Intended COE Rebate Details	
COE Expiry Date:	07 Oct 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$24,228.00
COE Rebate Amount:	\$15,603.00
Total Rebate Amount:	\$24,570.00
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.: 305482331

OWNER

AS: COMFORT TRANSPORTATION PTE LTD
OWNER NO. 7010045
LESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (R) (O)
(P)

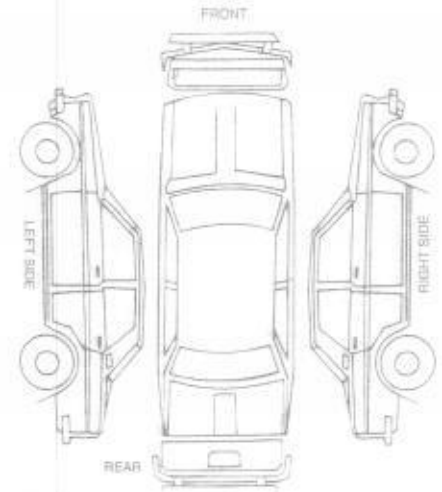
IDENTIFICATION CARD NO.

REGN NO.: SHA4299D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: IONIQ(G2)	DATE/TIME IN 10.08.2021 16:00
YR OF MANU. 08.10.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU114725	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 10.08.2021
NATURE: 3P 10.08.2021

S/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

No.: SHA4299D JU NTUC LKK

Vehicle No.: SHA4299D

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

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	11/08/2021 10:06 (SGT)
Date of Accident	10/08/2021 15:30 (SGT)
Exact Location of Accident	Middle Rd, Singapore
Additional Location Information	APPROACHING MIDDLE ROAD AFTER PASSED JUNCTION OF BEACH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4299D
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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) +65-98273480
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	LIM ENG HOE
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NRIC No	SXXXX833F
Date Of Birth	17/03/1959
Occupation	Outdoor
Date Of Driving Pass	16/05/1981
Driving experience	40 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98273480
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 530D PASIR RIS DRIVE 1 #08-416
Address complement	-
Postcode	514530
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

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 15:30HRS, I WAS DRIVING VEHICLE A (SHA4299D) ALONG MIDDLE ROAD TOWARDS NICOLL HIGHWAY. UPON REACHING TRAFFIC JUNCTION IT WAS GREEN TRAFFIC LIGHT. APPROACHING MIDDLE ROAD AFTER PASSED JUNCTION OF BEACH ROAD, VEHICLE B (SLU1164B) WHICH WAS ON MY RIGHT SIDE EXCUTE TO MY LANE SUDDENLY AND GRAZED ONTO VEHICLE A FRONT RIGHT. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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	SLU1164B
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Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
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 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

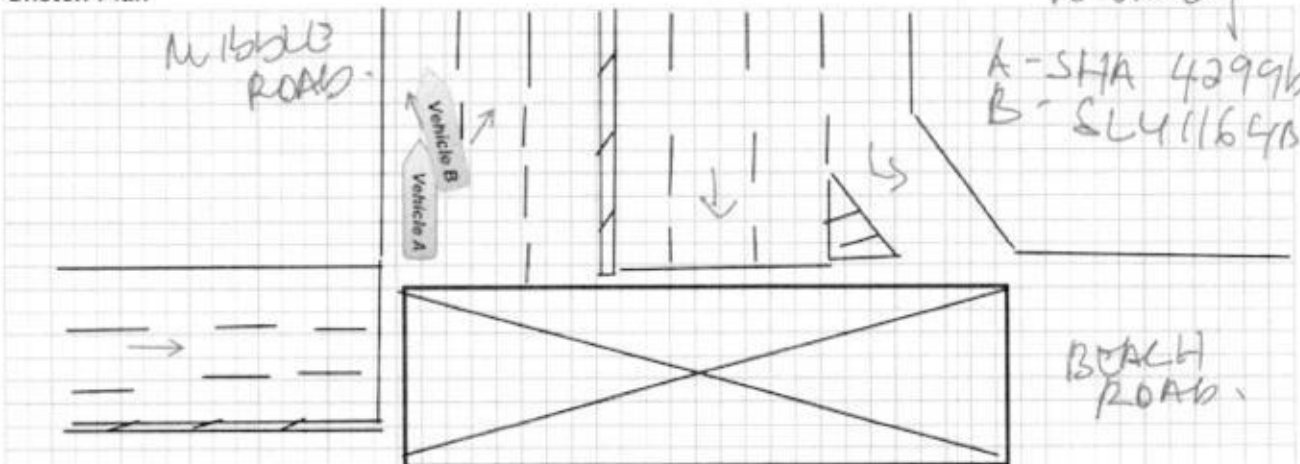
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 10/08/2021 AT ABOUT 15:30HRS, I WAS DRIVING VEHICLE A (SHA4299D) ALONG MIDDLE ROAD TOWARDS NICOLL HIGHWAY. UPON REACHING TRAFFIC JUNCTION IT WAS GREEN TRAFFIC LIGHT. APPROACHING MIDDLE ROAD AFTER PASSED JUNCTION OF BEACH ROAD, VEHICLE B (SLU1164B) WHICH WAS ON MY RIGHT SIDE EXCUTE TO MY LANE SUDDENLY AND GRAZED ONTO VEHICLE A FRONT RIGHT. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

7 / 9

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

10/8/21 - 1700H

Witnessed by Reporting Centre Personnel

Waharaj



