ASS. [illegible] BY: REF: CS|MSG 21008673|Dvj 3

ASSIGNMENT

COE Feb 2028

From: ________ Date: ________

Estimated Cost: ________

OD / [illegible] / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: ________

at Workshop m/s ________

of ________

Insured: FBS 4174G

Policy: 1001752914

Claims No: 261322

Sum Insured: ________ Excess: ________

(Check Record)

Make Cover: ________

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S | O/S

Bal. of Market Value: ________

IDA.C Accident Rport: ________ Consistent? : Yes or No

GIA / PR Seen: ________ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: P|P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: ________ Person Contacted: ________ Vehicle: IN / OUT

Veh No: SHC 2989 Z Yr Regn: Feb / 2020

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or ________

Make: Hyundai Ioniq C.C 1580

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

Sp.Reading: 297664 T/Radio: Insured / Std / NI / NA

Eng/No: G4LEKU406243

C/No: KMHC851CVL:U189232

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: 195/65 R15

R: —"—

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. 17/08/2021 D.O.I. 19/08/2021

Survey held at: B. Frost Sin Ming

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

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

Date / Time	Action / Instruction
	MSIG FBS 4174G
4/5/22	Bryan finalize $7155.52 (Red 11,427.88, 61%)

Date/Time, File Pass to? [ ] : Prell. Report

1) ________ [ ] : Final Report

Date/Time, File Return to?

2) 4/5/22-typist

Days Of Repair: 7

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($ ________) ___S+RS___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.:	SHC2989Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	18 Aug 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU406243
Chassis No.:	KMHC851CVLU189232
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	$25,327.00
Original Registration Date:	13 Feb 2020
First Registration Date:	13 Feb 2020
Transfer Count:	0
Actual ARF Paid:	$12,458.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Feb 2028
PARF Rebate Amount:	$9,343.00
Intended COE Rebate Details	
COE Expiry Date:	12 Feb 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	$26,431.00
COE Rebate Amount:	$21,144.00
Total Rebate Amount:	**$30,487.00**
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 18 Aug 2021

OK

SJ04218H000L / JP Knights Pte Ltd
ENTRY DATE & TIME: 17/08/2021 18:31 (SGT)
SUBMITTED BY: Khin
VERSION: 1 (17/08/2021 18:31 (SGT))

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	17/08/2021 18:31 (SGT)
Date of Accident	17/08/2021 12:38 (SGT)
Exact Location of Accident	Kim Tian Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2989Z

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) +65-96612491
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	TAY YEW HUAT
NRIC No	SXXXX308D

Date Of Birth	22/06/1965
Occupation	Outdoor
Date Of Driving Pass	13/08/1985
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-96612491
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 162A PUNGGOL CENTRAL
Address complement	#19-51
Postcode	SINGAPORE 821162
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	Raining
Road Surface	Wet

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 17082021 AT ABOUT 1238 HOURS, VEHICLE A (SHC2989Z) WAS TRAVELLING ALONG KIM TIAN ROAD WHEN VEHICLE B (FBS4174G) EXITED MINOR ROAD AND COLLIDED WITH FRONT TYRE OF VEHICLE A. RIDER OF VEHICLE B FELL DOWN AFTERWARDS. THERE WAS INJURED SUSTAINED FOR VEHICLE B RIDER ON HIS FEET AND LEG BUT HE REFUSED TO BE CONVEYED TO SEEK MEDICAL ATTENTION AND WENT TO IDAC FOR ACCIDENT REPORTING.

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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS4174G
Vehicle Manufacturer	Sym
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TAN GUOHUA

Work Permit No	GXXXX057L
Contact Number	(Phone) +65-94249578
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	TAN GUOHUA
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FEET AND LEG
Injured person in which vehicle?	FBS4174G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

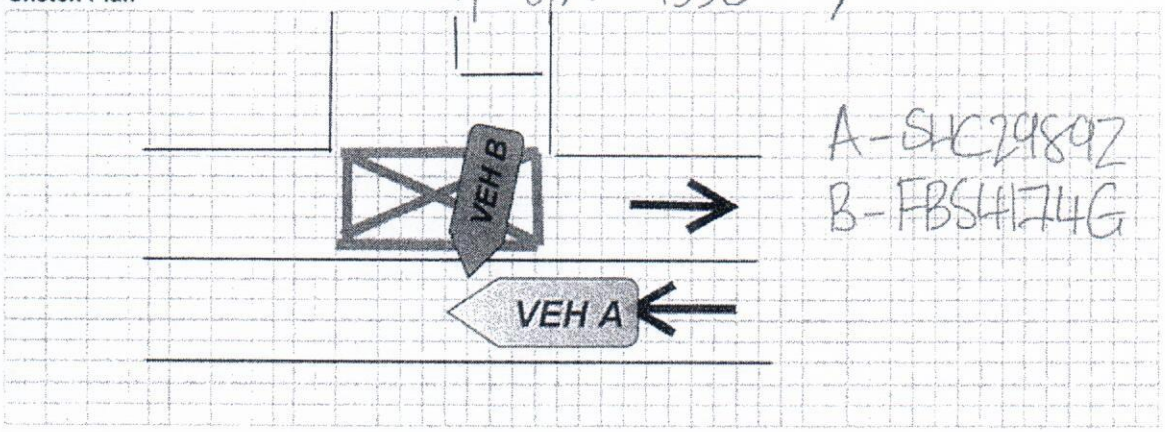
(collectively the "**Purposes**")

(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
	17/08/21 1330	

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 17082021 AT ABOUT 1238 HOURS, VEHICLE A (SHC2989Z) WAS TRAVELLING ALONG KIM TIAN ROAD WHEN VEHICLE B (FBS4174G) EXITED MINOR ROAD AND COLLIDED WITH FRONT TYRE OF VEHICLE A. RIDER OF VEHICLE B FELL DOWN AFTERWARDS. THERE WAS INJURED SUSTAINED FOR VEHICLE B RIDER ON HIS FEET AND LEG BUT HE REFUSED TO BE CONVEYED TO SEEK MEDICAL ATTENTION AND WENT TO IDAC FOR ACCIDENT REPORTING.

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
	17/08/21 1330	

Customer:	LIM TAN	Date:	8/19/2021 10:46 AM
Company:	01 42	VIN	
License NO:	SHC 2989Z	Technician:	
Odometer:		Order NO:	

VEHICLE ALIGNMENT REPORT

HYUNDAI, i30 (GD) All Models, 13-13 (Customized)

Primary Angles			Initial	Specifications Min.	Specifications Max.	Final
Front	Caster	Left	4°58'	3°44'	4°44'	5°06'
		Right	5°11'	3°44'	4°44'	5°18'
	Camber	Left	0°00'	-1°00'	0°00'	0°06'
		Right	-2°30'	-1°00'	0°00'	-2°24'
	Toe	Left	-0°06'	-0°06'	0°06'	-0°03'
		Right	0°03'	-0°06'	0°06'	0°03'
		Total	-0°03'	-0°12'	0°12'	0°00'
Rear	Camber	Left	-2°00'	-1°30'	-0°30'	-1°54'
		Right	-2°06'	-1°30'	-0°30'	-2°06'
	Toe	Left	0°09'	0°03'	0°30'	0°06'
		Right	0°09'	0°03'	0°30'	0°06'
		Total	0°18'	0°06'	1°00'	0°12'
	Thrust Angle		0°00'	99°59'		0°00'

Secondary Angles		Initial	Specifications Min.	Specifications Max.	Final
SAI	Left	13°27'	13°18'	14°18'	13°27'
	Right	14°25'	13°18'	14°18'	14°25'
Included Angle	Left	13°27'	99°59'	99°59'	13°33'
	Right	11°55'	99°59'	99°59'	12°01'
Toe Out On Turns	Left	----	99°59'	99°59'	----
	Right	----	99°59'	99°59'	----
Max Turn Inside	Left	----	99°59'	99°59'	----
	Right	----	99°59'	99°59'	----
Toe Curve Change	Left	----	0°00'	199°59'	----
	Right	----	0°00'	199°59'	----
Setback	Front	-1mm	2540mm	2540mm	-1mm
	Rear	-2mm	2540mm	2540mm	-2mm
Track Width Diff.		-4mm			-4mm
Wheel Base Diff.		1mm			1mm
Front Ride Height	Left	----	2540mm	2540mm	----
	Right	----	2540mm	2540mm	----
Rear Ride Height	Left	----	2540mm	2540mm	----
	Right	----	2540mm	2540mm	----
Frame Angle					----

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 18-Aug-21 INSURANCE: MSIG

MODEL: HYUNDAI IONIC

VEHICLE NO.: SHC2989Z

Description	Qty	List Price	Amount	
Front Bumper Cover Ct	1	$ 418.30	$ 418.30	✓
Front Bumper Moulding Centre Upper NH	1	$ 368.50	$ 368.50	X
Front Bumper Bracket Top (RH) NH	1	$ 35.00	$ 35.00	X
Front Bumper Bracket (RH) NH	1	$ 28.00	$ 28.00	X
Front Bumper Retainer Mounting (RH) NH	1	$ 65.30	$ 65.30	X
Front Bumper Clips 10 pcs NIL	1	$ 25.00	$ 25.00	✓
Front bumper air duct (RH) NH	1	$ 153.80	$ 153.80	X
Day Light , RH NH	1	$ 642.50	$ 642.50	X
Headlamp Support Panel Assy ~~NH~~ Crack	1	$ 949.30	$ 949.30	~~X~~ ✓
Headlamp(RH) mounting broken	1	$ 3,987.30	$ ~~3,987.30~~	✓ 2396.00
Front Fender(RH) Dented	1	$ 490.70	$ 490.70	✓
Front Fender Shield (RH) SVC	1	$ 164.70	$ 164.70	X
Front Wheel Rim (RH) ~~?~~ Ct / distorted	1	$ 1,124.20	$ 1,124.20	~~?~~ ✓
Front Wheel Hub Cap and hub assy (RH) ~~? Dent~~ NH	1	$ 678.50	$ 678.50	~~?~~ X
Front Wheel Hub Cap Cut / Ct	1	$ 346.40	$ 346.40	✓
Front Shock Absorber(Assy)(RH) ~~? distorted~~ NH	1	$ 372.50	$ 372.50	~~?~~ X
Front Shock Absorber Mounting (RH) NH	1	$ 372.50	$ 372.50	X
STG Tie Rod NH	1	$ 125.60	$ 125.60	X
STG Tie End NH	1	$ 94.70	$ 94.70	X
Stabilizer Bar NH	1	$ 326.80	$ 326.80	X
Stabilizer Bar Link NH	1	$ 92.10	$ 92.10	X
Front Suspension Lower Arm (RH) ~~? distorted~~ NH	1	$ 596.80	$ 596.80	~~?~~ X
Knuckle Arm (RH) ~~? distorted~~ NH	1	$ 663.60	$ 663.60	~~?~~ X
Rear Bumper repair	1	$ 459.40	$ 459.40	X
Rear Bumper Side retainer (RH) NH	1	$ 85.80	$ 85.80	X
Rear Bumper Cover Clips NH	1	$ 22.00	$ 22.00	X
Tail Lamp(RH) broken	1	$ 870.40	$ 870.40	✓
Tail Lamp Quarter Panel(RH) NH	1	$ 208.90	$ 208.90	X
Rear Fender(RH) repair	1	$ 1,768.30	$ 1,768.30	X 6620.30
Rear Fender SHIELD REAR PIECE (RH) NH	1	$ 173.60	$ 173.60	X
Rear Fender SHIELD Frt Piece (RH) NH	1	$ 165.50	$ 165.50	X 5296.24
SUB TOTAL			**$ 15,876.00**	
LESS 20%			**$ 3,175.20**	
DISCOUNTED TOTAL			**$ 12,700.80**	
Emblem-Blue Drive (RH) New List ~~SN~~	1	$ 26.60	$ 26.60	✓
Front Tyre(RH) Cut 50% SN	1	$ 216.00	$ ~~216.00~~	108.00
Rear Bumper Rubber Mat NH SN	1	$ 50.00	$ 50.00	X 108.00
SUB TOTAL			**$ 292.60**	
Labour Charge				

Panel Beating	1	$1,400.00	$1,~~400.00~~	800/-
Spray Painting Charge	1	$1,600.00	$1,~~600.00~~	800/-
Wiring Charge	1	$100.00	$~~100.00~~	30/-
Tuff Kote	1	$100.00	$~~100.00~~	40/-
Towing Charge	1	$80.00	$80.00	HH
Remove/Refix Cushion & Upholstery Rear	1	$150.00	$150.00	HH
Remove/Refix Reverse Sensor	1	$120.00	$120.00	HH
Four Wheel Alignment	1	$120.00	$~~120.00~~	60/-
Remove/Refix Undercarriage (Frt)	1	$400.00	$~~400.00~~	~~150~~/-
Re-set Frt ABS System	1	$200.00	$200.00	HH
Remove/Refix Radiator	1	$90.00	$90.00	HH 1880-00
Remove/Refix Aircon & Refill Gas	1	$130.00	$130.00	HH
Diagnostic & Resetting To Erase Fault Code	1	$550.00	$550.00	HH
Diagnostic & Resetting ADAS Optical sensor	1	$550.00	$550.00	HH
TOTAL LABOUR			**$5,590.00**	
ESTIMATE TOTAL			**$ 18,583.40**	

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

19/08/2021 @ 1600hrs
NIA Authd
P/Part 7 days.
Photo after repair
with damaged Parts.

P/P 7284.24

LKK Auto

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: