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CED FE FING I TO RES DD RES EVA EVY MIV	Truck/Trailer or
To inspetition No.	Hyundai lonig as 1580
at Working to the	Colour Blue A/G. insured/StilleINA
. td	Sp. Reading 297664 T.Radio: Insured Std 1 1811 NA
insured	ENGANCE - GYLEKU406243
Policy Et.	CME. KM+108510VL=4189232
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(CE-existeron) ·	Brake: Incomer / Jammed / Lesked / Burni or
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Bal of Maket Value:	TOYOTYDKO OF Westleke
- IDAC Amilent Rport Consistent? : Yes or No	R/Bal C TOTAL R/Bal C
GIA / PR Sear: Consistent? : Yes or No	I Bel
Est Repair - 7 days Res.: Yes or No	D.D.A. 17 08/221 D.D.I. 19/08/221
Ling-Sum PP % 3 Val.: Yes or No	- Survey held at Birvey held at Birvey
CA / REV / REP. / 24 HRS	Des. of Damages: Fri Rear O/S 19/5 U/C Roofing or
Date:Person Contacted: Vehicle: IN J OL	of PoAin
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
MS1G FBS 4174G	
1 1	· · · · · · · · · · · · · · · · · · ·
Deta/Time, File Pass to?	
- Freil Report	Days Of Repair:
1) : Final Report : Final Report :	Resurvey No. of Trip: Survey Fee:
Adri	Transportation: [: Sife insp (8) _8+R8SI }
	S+RS_S

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	821R
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: Intended PARF Rebate Details	\$12,458.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Feb 2028
PARF Rebate Amount: Intended COE Rebate Details	\$9,343.00
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: Message	\$30,487.00

The information contained herein is correct as at 18 Aug 2021

vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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
- 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
- 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

17/08/2021 18:31 (SGT) 17/08/2021 12:38 (SGT) Kim Tian Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC2989Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

COMFORT TRANSPORTATION PTE LTD 1XXXXX821R fleetsafety@cdgtaxi.com.sg (Phone) +65-96612491 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Private hire

Hyundai

Ae ionig

1580

No - Claiming third party Taxi Auto

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft Yes VFX/P2419138

Name of Driver NRIC No

TAY YEW HUAT SXXXX308D



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

Side Swipe Raining Wet

22/06/1965

13/08/1985

36 YEARS

(Phone) +65-96612491

SINGAPORE 821162

fleetsafety@cdgtaxi.com.sg

APT BLK 162A PUNGGOL CENTRAL

Outdoor

Male

#19-51

No

No

Hirer

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

2 Yes

No

Yes

No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

No

No

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 ÀFTERWARDS. 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? Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

Yes

FILE NOT SUITABLE

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Accident report SJ04218H000L

FBS4174G

Sym

Motorcycle TAN GUOHUA

Page 2 of 13

 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

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, acknowledge, 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) 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' 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 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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Sketch Plan

Sketch Plan

Witnessed by Reporting Centre Personnel

6/9

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

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

Witnesset by Reporting Centre Personnel Customer:

LIM TAN

Company:

01 42

License NO:

SHC 2989Z

Odometer:

Date:

8/19/2021 10:46 AM

VIN

Technician: Order NO:

VEHICLE ALIGNMENT REPORT

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

Primary	/ Angles		Initial	Specif Min.	ications Max.	Final
OTTO AND ASSESSMENT OF THE PARTY OF THE PART	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'
Front		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,
United States and Control of the Con	Camber	Left	-2°00'	-1°30'	-0°30'	-1°54'
and the second		Right	-2°06'	-1°30'	-0°30'	-2°06'
Rear	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	9°59'	0.00,
Secondary Angles		Initial		ications	Final	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Min.	Max.	
SAL		Left	13°27'	13°18'	14°18'	13 27'
		Right	14°25'	13°18'	14°18'	14°25′
Included A	ngle	Left	13°27'	99°59'	99°59'	13~33'
The second secon		Right	11°55′	99°59'	99°59'	12°01'
Toe Out Or	n Turns	Left		99°59'	99°59'	***
		Right		99°59'	99°59'	
Max Turn II	nside	Left		99°59'	99°59'	
		Right		99°59'	99°59'	
Toe Curve Change		Left		0°00'	199°59'	Sec. 100 100 100
		Right		0.00,	199°59'	
Setback		Front	-1mm	2540mm	2540mm	-1mm
		Rear	-2mm	2540mm	2540mm	-2mm
Track Widt	h Diff.	HETPA COMPLIANT SAME SAME SAME SAME SAME SAME STATE SAME SAME SAME SAME SAME SAME SAME SAM	-4mm		To the Committee Challes Section to the Committee Commit	-4mm
Wheel Bas			1mm			1mm
Front Ride	Height	Left		2540mm	2540mm	,
		Right		2540mm	2540mm	
Rear Ride I	Height	Left		2540mm	2540mm	
Committee of the second control of the secon	TO COME AND	Right		2540mm	2540mm	er an el en
Frame Ang	le					

ONE STOP AUTOMOTIVE SOLUTION

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE:

18-Aug-21

INSURANCE: MS16

MODEL:

HYUNDAI IONIC

VEHICLE NO.: SHC2989Z

Description	Qty	Lis	st Price	Amount	1
Front Bumper Cover **	1	\$	418.30	\$ 418.30	1
Front Bumper Moulding Centre Upper Net	1	\$	368.50	\$ 368.50	×
Front Bumper Bracket Top (RH)	1	\$	35.00	\$ 35.00	×
Front Bumper Bracket (RH)	1	\$	28.00	\$ 28.00	×
Front Bumper Retainer Mounting (RH)	1	\$	65.30	\$ 65.30	
Front Bumper Clips 10 pcs He	1	\$	25.00	\$ 25.00	
Front bumper air duct (RH) HN	1	\$	153.80	\$ 153.80	×
Day Light , RH HIL	1	\$	642.50	\$ 642.50	×
Headlamp Support Panel Assy と いんし	1	\$	949.30	\$ 949.30	4
Headlamp(RH) morning broken	1	\$	3,987.30	\$ 3,987.30	239600
Front Fender(RH)	1	\$	490.70	\$ 490.70	
Front Fender Shield (RH) SVC	1	\$	164.70	\$ 164.70	×
Front Wheel Rim (RH) 4 15+ (dustum)	1	\$	1,124.20	\$ 1,124.20	2
Front Wheel Hub Cap and hub assy (RH)	1	\$	678.50	\$ 678.50	3 max X
Front Wheel Hub Cap Cd B+	1	\$	346.40	\$ 346.40	- "
Front Shock Absorber(Assy)(RH)	1	\$	372.50	\$ 372.50	Z van X
Front Shock Absorber Mounting (RH)	1	\$	372.50	\$ 372.50	
STG Tie Rod Nig	1	\$	125.60	\$ 125.60	*
STG Tie End HA	1	\$	94.70	\$ 94.70	×
Stabilizer Bar HA	1	\$	326.80	\$ 326.80	*
Stabilizer Bar Link ₩	1	\$	92.10	\$ 92.10	×
Front Suspension Lower Arm (RH) A A	1	\$	596.80	\$ 596.80	> max X
Knuckle Arm (RH) & dustrand Hu	1	\$	663.60	\$ 663.60	3 mx X
Rear Bumper Separ	1	\$	459.40	\$ 459.40	*
Rear Bumper Side retainer (RH)	1	\$	85.80	\$ 85.80	×
Rear Bumper Cover Clips NH	1	\$	22.00	\$ 22.00	×
Tail Lamp(RH) Maken	1	\$	870.40	\$ 870.40	
Tail Lamp Quarter Panel(RH)	1	\$	208.90	\$ 208.90	+ 11-
Rear Fender(RH) (ay	1	\$	1,768.30	\$ 1,768.30	1 6620.30
Rear Fender SHIELD REAR PIECE (RH)	1	\$	173.60	\$ 173.60	7
Rear Fender SHIELD Frt Piece (RH) Hu	1	\$	165.50	\$ 165.50	文 5296.24
		-			1
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) Cvt 50% SN	1	\$	216.00	\$ 216.00	108.00
Rear Bumper Rubber Mat	1	\$	50.00	\$ 50.00	X 108-W
					100-00
SUB TOTAL				\$ 292.60	./
Labour Charge					

ESTIMATE TOTAL			\$ 18,583.40	
TOTAL LABOUR			\$5,590.00	
Diagnostic & Resetting ADAS Optical sensor	1	\$550.00	\$550.00	
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00 HA	
Remove/Refix Aircon & Refill Gas	1	\$130.00	\$130.00 ны	
Remove/Refix Radiator	1	\$90.00	\$90.00	80
Re-set Frt ABS System	1	\$200.00	\$200.00	
Remove/Refix Undercarriage (Frt)	1	\$400.00	\$400.00	
Four Wheel Alignment	1	\$120.00	\$1,20.00 60 -	
Remove/Refix Reverse Sensor	1	\$120.00	\$120.00	
Remove/Refix Cushion & Upholstery Rear	1	\$150.00	\$150.00 HH	
Towing Charge	1	\$80.00	\$80.00	
Tuff Kote	1	\$100.00	\$100.00 401-	
Wiring Charge	1	\$100.00	\$100.00 30 1-	
Spray Painting Charge	1	\$1,600.00	(4)	
Panel Beating	1	\$1,400.00	\$1,400.00 800 1-	

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 e 1600m.

NA Audmil

P/Part 7 dys.

Photo after repr

With dancepol Pets.

Pryce

Myce

7 7 7284.24

LKK Audo

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: