

REF: BY: Thevan

REF: Ntar

NS/INC21008936/Vqc

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. MT/1142662- 001

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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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:

SHA19172

Yr Regn:

25/2, 21

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

20280

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

kmH C95 / CULU 192 717

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: 195/65 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

westlane

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

20/8/21

D.O.I.

24/8/21

15:15

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: 33650

Thevan finalised with Mr. Lim final fig \$4642.44, 3 days (Red \$1989.92, 30%)

Date/Time. File Pass to?

☐

: Prelim. Report

17/30/08 Typist

☐

: Final Report

Date/Time. File Return to?

3

Request Forbid:

TP

Final Sum / L.B.J.:

4642.44

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Wheel end

Survey Fee:

Transportation:

S + RS: \$

Prints

Colours

Total

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

DATE: 23-Aug-21

MODEL: Hyundai Ioniq

VEHICLE NO.: SHA1917Z

INSURANCE: NTUC *CP/PD*

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
<i>0378</i>	Front Bumper Cover	1		\$430.90 <i>cut</i>
	Front Bumper Clips	10	\$2.20	\$22.00 <i>nee</i>
<i>2687</i>	Front Bumper Moulding Centre Upper	1		\$368.50 <i>cut</i>
<i>2835</i>	Headlamp LH	1		\$1,993.65 <i>SVC</i>
<i>572</i>	Bonnet	1		\$2,253.80 <i>DD</i>
<i>2696</i>	Radiator Grille	1		\$1,409.10 <i>cut</i>
	SUB TOTAL			\$6,477.95
	LESS 20%			\$1,295.59
	DISCOUNTED TOTAL			\$5,182.36
	Labour Charge			
	Panel Beating			\$800.00 <i>525</i>
	Spray Painting Charge			\$600.00 <i>500</i>
	Wiring Charge			\$50.00 <i>30</i>
	TOTAL LABOUR			\$1,450.00
	ESTIMATE TOTAL			\$6,632.36

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.

Thuan LKH *at*

24/8/21 *15:15*

82235769 thuan@LKHauto-lon

3 days wp *at*

P/P before paint picture

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: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SHA1917Z
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Aug 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU421054
Chassis No.:	KMHC851CVLU192717
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,766.00
Original Registration Date:	25 Feb 2021
First Registration Date:	25 Feb 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Feb 2029
PARF Rebate Amount:	\$3,750.00

Intended COE Rebate Details

COE Expiry Date:	24 Feb 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$31,876.00
COE Rebate Amount:	\$29,900.00
Total Rebate Amount:	\$33,650.00

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 25 Aug 2021

OK

Date/Time: 23.08.2021 10:32

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305483855

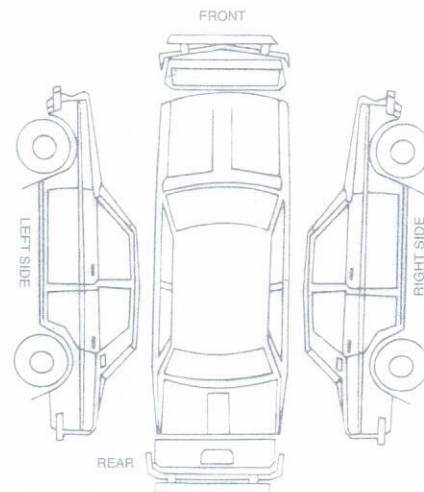
OWNER IS OWNER NO. ADDRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: MAKE: MODEL YR OF MANU. CHASSIS CODE	MILEAGE FUEL DATE/TIME IN TARGET DATE COMPLETION DATE/TIME:
		SHA1917Z HYUNDAI IONIQ(G3) 25.02.2021 KMHC851CVLU192717	21.08.2021 11:30

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 20.08.2021
NATURE: 3P 20.08.2021

S/NO LABOR CODE DESCRIPTION



ISSUED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assignment Slip

Exit Pass

Vehicle No.: SHA1917Z LIMITS

Vehicle No.: SHA1917Z

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	21/08/2021 20:02 (SGT)
Date of Accident	20/08/2021 19:10 (SGT)
Exact Location of Accident	Coleman Ln, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1917Z
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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) +65-98712662
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	-
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	FAN JIIN PIOW
NRIC No	SXXXX406Z

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


Describe Circumstances of the Accident

ON THE 20/08/2021 AT AROUND 1910HRS, I WAS DRIVING MY VEHICLE A SHA1917Z ALONG COLEMAN LANE. I WAS DROPPING OFF MY PASSENGER AT COLEMAN LANE SO I MOVE TO THE SIDE OF THE ROAD BEHIND VEHICLE B GBD6219C. WHILE MY PASSENGER WAS TRYING TO A LIGHT FROM VEHICLE A, SUDDENLY VEHICLE B RESEVERED AND HIT ON TO VEHICLE A. THERE IS DAMAGE ON THE FRONT OF VEHICLE A. THERE IS NO INJURIES.


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 21/8/21 12-20



Witnessed by Reporting Centre
Personnel Sanyat