

REC BY: Thevan

NS/INC21009157/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: **SJZ 9975Y**  
 Policy No. \_\_\_\_\_  
 Claims No. **MT/1142576-002**  
 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. 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: SHC230182 ✓ Yr Regn: 14/11/19  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai 100ig c.c. 1580  
 Colour: blue A/C: \_\_\_\_\_ Insured / Std / NI / NA  
 Sp. Reading 235468 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: MTHC85/CULU18A107  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: 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 R/Bal. 6 mm Rear R/Bal. 0 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 26/8/21 D.O.I. 27/8/21 1630  
 Survey held at Comfort  
 Des. of Damages: Frt / Rear / (O/S) / N/S / U/C / Roof/Top or \_\_\_\_\_  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Rebate: 29476
8/9/21	Thevan confirmed \$1227.82 (Red 2181.92,63%)

Date/Time File Pass to?  : Prelim. Report  
 : Final Report  
 Date/Time File Return to?

Days Of Repair: 2  
 Resurvey No. of Trip: 1

8/9/21-Typist

Report Form: **TP**  
 Total: **\$1227.82**

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
_____ S + RS _____ SI	
Finibus	
Others	
TOTAL	

**REPAIR ESTIMATE\***

VEHICLE NO SHC2348Z

DATE 26.08.21

MAKE :14.11.2019

MODEL : HYUNDAI IONIQ G3

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR DOOR PANEL RH			\$1,789.90 <i>Kr</i>
1	FRONT DOOR PROTECTOR RH			\$110.10 <i>scr</i>
1	REAR DOOR PROTECTOR RH			\$125.30 <i>scr</i>
	<b>SUB TOTAL</b>			<b>\$2,025.30</b>
	<b>LESS 20%</b>			<b>\$405.06</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$1,620.24</b>
1	FRONT DOOR COMFORT LOGO STICKER			\$75.00 <i>necc</i>
1	REAR DOOR COMFORT APP STICKER			\$80.00 <i>necc</i>
				<b>\$139.50</b>
	<b>Labour Charge</b>			
	Panel Beating			\$600.00 <i>350</i>
	Spray Painting Charge			\$900.00 <i>500</i>
	Remove/refix door parts.			\$90.00 <i>30</i>
	Check Wiring			\$60.00 <i>20</i>
	<b>TOTAL LABOUR</b>			<b>\$1,650.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$3,409.74</b>
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   
 82235769 thuan@lkhauto.com  
 27/8/21 1630

P/P bfr paint ~~pictures~~ photos  
 2days w/p

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.: SHC2348Z  
Vehicle to be Exported: No  
Intended Deregistration Date: 30 Aug 2021  
Vehicle Make: HYUNDAI  
Vehicle Model: AE IONIQ HEV FL 1.6 DCT  
Primary Colour: Blue  
Manufacturing Year: 2019  
Engine No.: G4LEKU406240  
Chassis No.: KMHC851CVLU189107  
Maximum Power Output: 103.6 kW (138 bhp)  
Open Market Value: \$25,344.00  
Original Registration Date: 14 Nov 2019  
First Registration Date: 14 Nov 2019  
Transfer Count: 0  
Actual ARF Paid: \$12,482.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 13 Nov 2027  
PARF Rebate Amount: \$9,361.00

### Intended COE Rebate Details

COE Expiry Date: 13 Nov 2027  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Period(Years): 8  
PQP Paid: \$25,933.00  
COE Rebate Amount: \$20,115.00  
**Total Rebate Amount: \$29,476.00**

### 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 30 Aug 2021

OK

# 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 27/08/2021 11:57 (SGT)  
Date of Accident 26/08/2021 17:50 (SGT)  
Exact Location of Accident 131 Edgedale Plains, Singapore 820131  
Additional Location Information -  
Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2348Z  
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) +65-97692318  
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 - Reporting only~~ *Third Party claim*  
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 WAI KOK LEONG ( WEI GUOLIANG)  
NRIC No SXXXX761F

Date Of Birth	25/08/1974
Occupation	Outdoor
Date Of Driving Pass	26/11/2001
Driving experience	19 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97692318
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 132 EDGEDALE PLAINS #15-34
Address complement	-
Postcode	820132
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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)	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 26/08/2021 AT ABOUT 17:50HRS, I WAS DRIVING VEHICLE A ( SHC2348Z) ALONG DRIVE WAY OF BLOCK 131 EDGEDALE PLAINS. WHILE DRIVING APPROACHING BEND, I NOTICE VEHICLE B)( SJZ9975Y) FROM OPPOSITE DIRECTION TRAVELLING APPROACHING BEND ALSO. SO I DECIDED TO STOP VEHICLE A. WHILE VEHICLE A WAS STATIONARY, VEHICLE B MAKE A TURN OUT OF CENTRE LINE AND COLLIDED ONTO VEHICLE A RIGHT SIDE. 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	SJZ9975Y
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car

Name of Driver	NURUL SUAIDAH BINTE ROSLAN
NRIC No	SXXXX117G
Contact Number	(Phone) +65-92475436
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

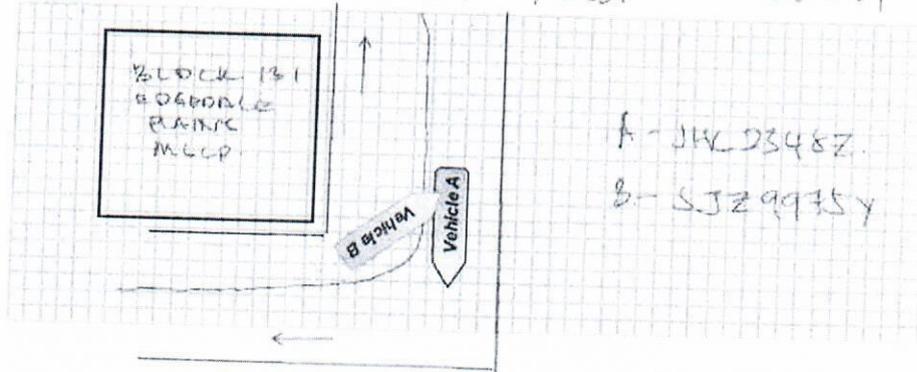
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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' law firms/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 firms/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 law firms/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

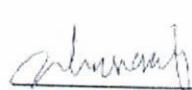
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Declaration

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  
26/8/21 18:55

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
Khanu Rai