

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

Veh No: 5X17961m ✓ Yr Regn: 30/10/14
Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /
Truck / Trailer or
Make: Hyundai tonig c.c. 1580
Colour: blue A/C: Insured / Std / NI / NA
Sp. Reading 18.6/54 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KM ~~111~~ H/C 85/CULW 188677
Gen. Cond: 6 Good / Fair / Poor / Burnt
Steering: 8 Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: NI / 6/IR / STD A/R/m 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. 31/8/21 D.O.I. 11/9/21 1500
Survey held at Comfort
Des. of Damages: Frt / Rear / O/S NIS / UIC / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Ycbate : 28358</u>

Date/Time. File Pass to? ☐ : Proff. Report
1) ☐ : Final Report

Days Of Repair: _____
Resurvey No. of Trlp: _____

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Inve (\$) ☐ : Wastel end

Request Form No: _____
Date: 31/8/21

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SH 7961M
MAKE HYUNDAI
MODEL IONIQ

DATE: 31. August 2021
MVA JUMANI
DOA: 1. Sep. 2021

AIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRT RH FENDER			\$288.80
10	FRT RH FENDER EMBLEM			\$26.60
1	FRT RH DOOR ASSY			\$1,797.20
1	ROCKER PANEL GARNISH RH			\$290.00
1	FRT RH DOOR PROTECTOR RH			\$110.10
SUB TOTAL				\$2,512.70
LESS 25%				\$502.54
DISCOUNTED TOTAL				\$2,010.16
1	FRT DOOR COMFORTDELGRO LOGO			\$75.00
				\$75.00
Labour Charge				\$800.00
PANEL BEATING				\$1,100.00
SPRAY PAINT				\$50.00
CHECK WIRING				\$50.00
TUFF KOTE				\$120.00
TRANSFER DOOR PART				
TOTAL LABOUR				\$2,120.00
ESTIMATE TOTAL				\$4,205.16
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.				

Def
nec
Def
kr
scr

NET
nec

700 700
250 1250
20
20
40 60

Thuvan Lkh
thuvan@lkhauto.com
82235769
3 days w/p
\$01/9/21 1500
p/p bfr paint photos

- LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after repair 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:

Owner ID:

Company

821R

Vehicle Details

Vehicle No.:

SH7961M

Vehicle to be Exported:

No

Intended Deregistration Date:

01 Sep 2021

Vehicle Make:

HYUNDAI

Vehicle Model:

AE IONIQ HEV FL 1.6 DCT

Primary Colour:

Blue

Manufacturing Year:

2019

Engine No.:

G4LEKU404268

Chassis No.:

KMHC851CVLU188677

Maximum Power Output:

103.6 kW (138 bhp)

Open Market Value:

\$25,485.00

Original Registration Date:

30 Oct 2019

First Registration Date:

30 Oct 2019

Transfer Count:

0

Actual ARF Paid:

\$12,679.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

29 Oct 2027

PARF Rebate Amount:

\$9,509.00

Intended COE Rebate Details

COE Expiry Date:

29 Oct 2027

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$24,460.00

COE Rebate Amount:

\$18,829.00

Total Rebate Amount:

\$28,338.00

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 01 Sep 2021

OK

Workshops

206 Brankell Road Singapore 677031
 501 Loring Drive Singapore 308969
 383 Sin Ming Drive Singapore 571717

Date/Time: 01.09.2021 08:48

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4114542

JC NO. 305485153

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

REGN NO: SH 7961M	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL IONIQ(G3)	DATE/TIME IN 31.08.2021 15:05
YR OF MANU. 30.10.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU188677	COMPLETION DATE/TIME:

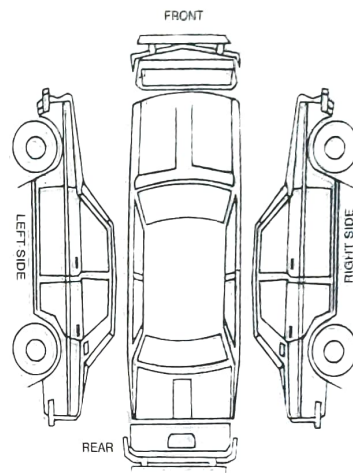
JUNT CARD NO.

JOB DESCRIPTION

ccident Date: 31.08.2021

ATURE: 3P 31.08.2021

/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: **SH 7961M**

JU AIG

Vehicle No.:

SH 7961M

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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	31/08/2021 20:03 (SGT)
Date of Accident	31/08/2021 13:50 (SGT)
Exact Location of Accident	Holland Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7961M
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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) +65-97211681
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	PHUA BAH CHEE
NRIC No	SXXXX149G

Date Of Birth	01/11/1947
Occupation	Outdoor
Date Of Driving Pass	10/12/1975
Driving experience	45 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97211681
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 635 YISHUN STREET 61 #07-74
Address complement	-
Postcode	760635
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	Male

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 THE 31/08/2021 AT AROUND 1350HRS, I WAS DRIVING MY VEHICLE (A) SH9761M ALONG HOLLAND ROAD NEAR JALAN JELITA. I WAS ON THE LEFT LANE HEADING TO JALAN JELITA TO DROP MY PASSENGER WHEN SUDDENLY VEHICLE (B) SMZ3268J SIDE SWIPE VEHICLE A. THERE IS DAMAGE ON THE RIGHT OF VEHICLE A. THERE IS NO INJURIES.

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	SMZ3268J
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91122346
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

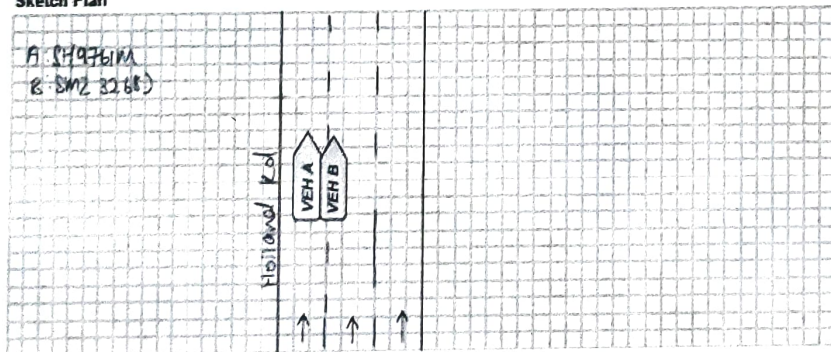
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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' 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 31/8/21 1545

Witnessed by Reporting Centre Personnel SATYAT

Sketch Plan



Describe Circumstances of the Accident

ON THE 31/08/2021 AT AROUND 1350HRS, I WAS DRIVING MY VEHICLE A SH9761M ALONG HOLLAND ROAD NEAR JALAN JELITA. I WAS ON THE LEFT LANE HEADING TO JALAN JELITA TO DROP MY PASSENGER WHEN SUDDENLY VEHICLE B SMZ3268J SIDE SWIPE VEHICLE A. THERE IS DAMAGE ON THE RIGHT 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 31/8/21 1545



Witnessed by Reporting Centre Personnel *Sakwat*