Thom thrum I what				
.456	IGNMENT			
From: Crate. Estimated Cost:	Veli No: SHA 3553B Vr Rogn: 27/8 , 70 Type: M.Car / M.Cycle / Bus / Van / Lorry / (2) / Primo Mover /			
OD / TP/WS/TP RES/ OD RES/ EVA / INV/ MV	Truck / Trailer or			
To Inspect Vehicle No:	11 17			
al Workshop m/s				
	NIO LO			
ol	opinosomy			
Insured;	Eng/No:			
Policy No	C/NO: <u>HMI</u> [(85/CUL4)888.76			
Claims No.	Gen, Cond: 60 d / Fair / Poor / Burnt			
Sum Insured: Excess:	Steering: Inocoor / Jammod / Leaked / Burnt or			
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or			
Make of Veh:	Modi: NII / S(RIm) / STD A/RIm or			
	Tyre Size: F; 198/65/65			
(Policy Condition)	R: 198/65 PLIS			
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time of inspection.	TOYOTYOKO OF WESTIGHE			
Bal. or Market Value:	Fron Rear			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal, S mm R/Bal, S mm			
GIA / PR Seen: Consistent? ; Yes or No	L/Bal. 5 mm L/Bal. 5 mm			
Est. Repairs. Z days Res.: Yes or No	D.O.A. 17/8/21 D.O.I. 30/8/21/648			
3. Val. Vas at No	Survey held at OM for A			
Lum Sum: Sval., 168 or No	Des. of Damages : Frt Rear O/S N/S U/C Rooftop or			
CA ! REV ! REP. ! 24 HRS	bes. or barrages , Fit / feet y cro Fitter or a see a see a			
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time Action / Instruction				
Schate: 32076				
)				
;				
DateTime. File Pass to? Proll. Report	ays Of Repair:			
	esurvey No. of Trip: Survey Fee:			
Date File Petum 107	Trensperation:			
Add Fee:	: Site Insp (\$)S+RSSI			
d .	: Interview (\$) Photos			
Services	Tech, Inve (3) Obser			
Franks Folias : Lengt fina (LBJ) (1	: Weel end 18			
SEPTEMP OF HIS PRODUCT OF	10131			

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO

SHA3553B

MAKE

27.08.2020 IONIO 63 27/08/21

LIM75 INTUC

Parts Description/ Labour	Type		Amount
1 REAR BUMPER		and the same of th	\$459.40
1 REAR BUMPER SIDE BRACKET RH			\$55.80
1 REAR BUMPER CENTRE MOULDING			\$451.25
1 REAR BUMPER REFLECTOR RH			\$41.45
1 REAR BUMPER TOW COVER			\$98.80
10 REAR BUMPER CLIPS			\$22.00
2 NUMBER PLATE LAMP LH/RH		\$85.30	\$170.60
1 REAR FOG LAMP	1		\$201.50
SUB TOTAL			\$1,500.80
20.00%	1		\$300.16
DISCOUNTED TOTAL	- 1	ſ	\$1,200.64
1 REAR REVERSE SENSOR 1 REAR NUMBER PLATE W/HOLDER 1 REAR BUMPER MAT			\$180.00 \$55.00 \$50.00 \$285.00
Labour Charge			-
Panel Beating			\$450.00
Spray Painting Charge			\$300.00
Tuff Kote			\$60.00
Remove/refix Reverse sensor			\$60.00
TOTAL LABOUR			\$870.00
ESTIMATE TOTAL			\$2,355.64
This is an initial estimate based on a visual inspection of the		. = .	

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Through Chh le therane Lthauto. Con 82235769 20lays wp 30/8/21 1645 Plp & bfo Paint photos

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

Dweet ID Type Company Owner ID 821R Vehicle Details

vehicle No. SHA3553B Vehicle to be Exported No Intended Deregistration Date 01 Sep 2021 Vehicle Make HYUNDAI

Vehicle Model: AE IONIQHEVEL 16 DCT Primary Colour

Manufacturing Year Engine No. Chassis No. Maximum Power Output:

103.6 kW (138 bhp) Open Market Value \$25,567.00 Original Registration Date: 27 Aug 2020

First Registration Date: 27 Aug 2020 Transfer Count:

Actual ARF Paid \$12,794.00 Intended PARF Rebate Details

PARF Eligibility: Yes PARF Eligibility Expiry Date: 26 Aug 2028 PARF Rebate Amount: \$9,595.00

Intended COE Rebate Details COE Expiry Date: 26 Aug 2028

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

COE Period(Years): PQP Paid: \$25,752.00

COE Rebate Amount: \$22,481.00 Total Rebate Amount: \$32,076.00

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

Blue

2019

G4LEKU405223

KMHC851CVLU188876

SJ0A218S000F / JP Knights Pile Ltd ENTRY DATE & TIME: 28/08/2021 17:59 (SGT) SUBMITTED BY SURE VERSION: 1 (28/08/2021 17:59 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
 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

28/08/2021 17:59 (SGT) 27/08/2021 15:45 (SGT) Bukit Batok Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA3553B

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) +65-98890192 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category Transmission

CC

Hyundai

Ae ionig

Private hire

No - Claiming third party

Taxi Auto 1580

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419138

DRIVER

Name of Driver NRIC No

CHEW SONG LIANG SXXXX275A



Page 1 of 18

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

23/05/1958 Outdoor 04/03/1980

41 YEARS AND 5 MONTHS

Male

(Phone) +65-98890192

fleetsafety@cdgtaxi.com.sg

BLK 340 WOODLANDS AVENUE 1 #09-593

730340

No

Hirer

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

Clear 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Νo

PASSENGER 1

Name Gender UNKNOWN Male

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 27/08/2021 AT ABOUT 15:45HRS, I WAS DRIVING VEHICLE (A) SHA3553B ALONG BT BATOK ROAD. WHILE APPROACHING TRAFFIC JUNCTION, IT WAS AMBER TURN TO RED TRAFFIC LIGHT. SO I APPLIED BRAKE AND STOP. WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS, VEHICLE (B) GBH4681S COLLIDED ONTO VEHICLE A REAR BUMPER. I SUSTAINED BACK AND NECK PAIN DUE TO THE IMPACT.

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 IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

GBH4681S

Accident report SJ04218S000F

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category 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)

Commercial vehicle

(Phone) +65-98383992

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code

Approximate Age Years Old

Injuries Sustained Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

CHEW SONG LIANG

Male

BACK AND NECK PAIN

SHA3553B

No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctry</u> the details of the accident to speed up the claims proc
- 2. The Porn must be compristed by the Policyholder and/or the Authorised Drivet, Internation provided must be as <u>invitiful</u> and eccurate as possible. Any will interspresentation or withholding of material facts may
- 4. The tesus and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance CALLY DES
- 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 Bingapore (GIA) for architing 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. Coment under the Personal Data Protection Act(PDPA)

- Hunderstand, acknowledge, agree and consent that ; (a) My Insurer , my w ontshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose ansfor process my personal data/personal information set out in this (form) and any other personal information provided by me or ed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(6) w no have insured vehicle(s) involved in this accident (all insurer(s) w no have insured vehicle(s) involved in this accident shall be ichiesy referred to as the "insurers"), the insurers law yers/law firms, the Monetary Authority of Singapore and any relevant government agencylauthority (such as the police), for the purpose(s) of :
- (ii) processing, handling and/or dealing with my dains including the settlement of the dains and any necessary investigations relating to the claims,
- (II) Investigating the accident and/or my dalms;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iii) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as wiel 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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers lawyers/law firms, may/are permitted to collect,
- (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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed by Reporting Centre Policyholder's Signature / Date & Personnel Walker Sketch Plan

Describe Circumstances of the Accident

ON 27/08/2021 AT ABOUT 15:45HRS, I WAS DRIVING VEHICLE A (SHA3553B) ALONG BT BATOK ROAD. WHILE APPROACHING TRAFFIC JUNCTION, I T WAS AMBER TURN TO RED TRAFFIC LIGHT. SO I APPLIED BRAKE AND STOP. WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS, VEHICLE B (GBH4681S) COLLIDED ONTO VEHICLE A REAR BUMPER. I SUSTAINED BACK AND NECK PAIN DUE TO THE IMPACT.

Declaration

IAMe declare the foregoing particulars are true in easily respect.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date
& Time 1 / 8 / 1 / - () ()

Witnessed by Reporting Centre
Personnel Khama Re