

Thavan

NS/INC21009232/Vqc

ASSIGNMENT

From

Date

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop no/s

at

Insured:

Policy No

Claims No MT/1144020-001

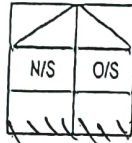
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time

Action / Instruction

Rebate: 28517

07/09/21 Thevan finalised with Mr Chiang final fig \$1028.60, 2 days. (Red \$877.32, 46%

Veh No:

SHB4316H

Yr Regn:

25/10, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Primo Mover /

Truck / Trailer or

Make:

Hyundai Coup

c.c 1580

Colour

blue

A/C: Insured / Sid / NI / NA

Sp. Reading

25568

T/Radio: Insured / Sid / NI / NA

Eng/No:

C/No:

kmHCOSS/CULH117228

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:

195/65R15

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.

30/8/21

D.O.I.

31/8/21 1615

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 File Pass to?

☐

: Prell. Report

09/09 Typist

☐

: Final Report

Date/Time File Return to?

Days Of Repair:

2

Resurvey No. of Trlp:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: V/Sel and

Survey Fee:

Transportation:

___ \$ + RS. ___ \$

Prints

Others

Total

Report Fee:

TP

1028.60

REPAIR ESTIMATE*

VEHICLE NO SHB4316H

30/08/21

MAKE 25.10.2019

CHIANG/NTUC

MODEL IONIQ G3

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER		\$459.40 <i>Y</i>
1	REAR BUMPER SIDE BRACKET RH		\$55.80 <i>n</i>
1	REAR BUMPER CENTRE MOULDING		\$451.25 <i>Cut</i>
1	REAR BUMPER REFLECTOR RH		\$41.45 <i>SVC</i>
10	REAR BUMPER CLIPS		\$22.00 <i>n/c</i>
	SUB TOTAL		\$1,029.90
	20.00%		\$205.98
	DISCOUNTED TOTAL		\$823.92
1	REAR REVERSE SENSOR		\$180.00 <i>Cut</i>
1	REAR BUMPER MAT		\$50.00 <i>SVC</i>
			\$212.00
	Labour Charge		\$450.00 <i>350</i>
	Panel Beating		\$300.00 <i>250</i>
	Spray Painting Charge		\$60.00 <i>20</i>
	Tuff Kote		\$60.00 <i>30</i>
	Remove/refix Reverse sensor		\$870.00
	TOTAL LABOUR		
	ESTIMATE TOTAL		\$1,905.92
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 Lh4 *[Signature]*
 thuan@lkm auto.com

82235769

2 days wp

p/p bfr paint photos

31/8/21 1615

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:

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 11:53 (SGT)
Date of Accident	30/08/2021 14:30 (SGT)
Exact Location of Accident	Circuit Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4316H
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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) +65-84233633
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	KAM CHONG KEE
NRIC No	SXXXX004F

Date Of Birth	07/12/1951
Occupation	Outdoor
Date Of Driving Pass	01/03/1973
Driving experience	48 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84233633
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 145 POTONG PASIR AVENUE 2 #05-70
Address complement	-
Postcode	350145
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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 30/08/2021 AT ABOUT 14:30HRS, I WAS DRIVING VEHICLE (A) SHB4316H ALONG CIRCUIT ROAD. WHILE STATIONARY DUE TO RED TRAFFIC LIGHT, VEHICLE (B) FBR6368G COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED.

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	FBR6368G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
 2. The 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 rescind its 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 claims regarding 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 elsewhere.
 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

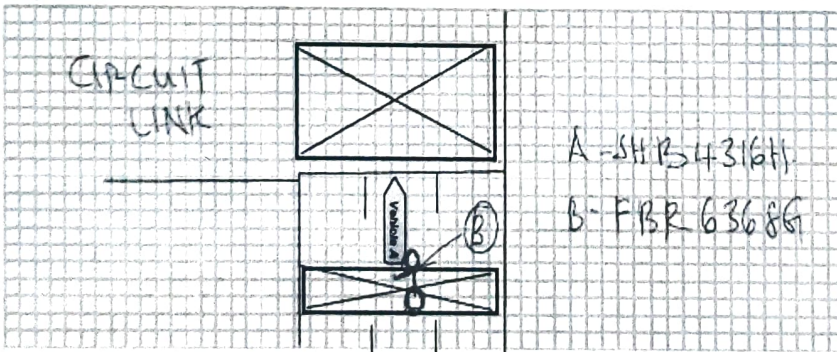
Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

30/8/2021-16/5

Witnessed by Reporting Centre Personnel

khawmawdy




Describe Circumstances of the Accident

ON 30/08/2021 AT ABOUT 14:30HRS, I WAS DRIVING VEHICLE A (SHB4316H) ALONG CIRCUIT ROAD. WHILE STATIONARY DUE TO RED TRAFFIC LIGHT, VEHICLE B (FBR6368G) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED.

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 30/8/2021 - 16/5/11



Witnessed by Reporting Centre Personnel Khamu Rai

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHB4316H
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.:	G4LEKU400219
Chassis No.:	KMHC851CVLU187228
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,695.00
Original Registration Date:	25 Oct 2019
First Registration Date:	25 Oct 2019
Transfer Count:	0
Actual ARF Paid:	\$12,973.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Oct 2027
PARF Rebate Amount:	\$9,729.00

Intended COE Rebate Details

COE Expiry Date:	24 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$24,460.00
COE Rebate Amount:	\$18,788.00
Total Rebate Amount:	\$28,517.00

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