

FILE BY: Thevan

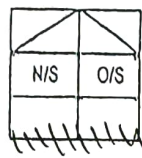
NTUC NS/INC21009239/Vqc

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/1142629-002**
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Vch: _____

(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 Sumt _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: **SH1807P** ✓ Yr Rogn: **21/9/19**
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: **Hyundai Ioniq** o.c **1580**
Colour: **yellow** A/C: Insured / Std / NI / NA
Sp. Reading **220436** T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: **KMH/C85/CUL4178107**
Gen. Cond: **Good** / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/R/m / 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 **west lake**
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 27/9/21 D.O.I. 30/8/21 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
07/09/21	Rebate: 27762 Thevan finalised with Jumi final fig \$1053.60, 2 days. (Red \$567.52, 35%)

Date/Time File Pass to? ☐ : Prell. Report
09/09 Typist ☐ : Final Report
Date/Time File Return to?

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

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Insp (\$)
☐ : V/A/E (\$)

Survey Fee:	
Transportation:	
S + RS: \$	
Prints	
Others	
Total	

Request Form No: **TP**
Total Sum: **1053.60**

NTUC (P/P)

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 30.08.2021
Time: 15:17:35
Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS: CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305484709
REGN NO : SHA 807P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 24.09.2019
DATE/TIME IN : 30.08.2021 14:30
ACCIDENT DATE : 27.08.2021

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G COVER-RR BUMPER# 1 459.40 20.00 367.52 Xr
0002 04-01-0101-0111-G BUMPER COVER CLIP REAR 10 22.00 20.00 17.60 /ncc
0003 04-01-0104-1150-A PROTECTOR MAT 1 N 50.00 2.00- 50.00 X Svc
0004 04-01-0104-2533-G MOULDING ASSY-RR BUMPER C 1 451.25 20.00 361.00 /OT
0005 28-01-0104-2029-A VEHICLE NUMBER PLATE REAR 1 N 50.00 10.00 45.00 /scr

SUB-TOTAL : 841.12

JOB NATURE

0000 PB PANEL BEATING 400.00 350
0001 SP SPRAYPAINT CHARGE 300.00 250
0002 L REMOVE/REFIX REVERSE SENSOR 80.00 30

SUB-TOTAL : 780.00

Therian Lkh
30/8/21 1630
2 days up
Therian@lkhauto.com
82235769
P/P bfor paint pictures

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:



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	28/08/2021 17:39 (SGT)
Date of Accident	27/08/2021 18:05 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA807P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-88798620
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/P2419140
Cover Note Number	-

DRIVER

Name of Driver	YAP HOCK LIONG
NRIC No	SXXXX863J



Date Of Birth	10/07/1966
Occupation	Outdoor
Date Of Driving Pass	18/02/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88798620
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 117B CANBERRA CRESCENT #05-364
Address complement	-
Postcode	752117
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	Collision - Head to Rear
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	PASSENGER
Gender	Female

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 27/08/2021 AT ABOUT 18:05 HRS, I WAS DRIVING VEHICLE A (SHA807P) ALONG CTE TOWARDS CITY. WHILE TRAVELLING STRAIGHT ON FIRST LANE, FRONT UNKNOWN VEHICLE APPLY BRAKE. I APPLIED BRAKE AND STOP. WHILE VEHICLE A WAS STATIONARY, VEHICLE B (SLC6271L) COLLIDED ONTO VEHICLE A REAR BUMPER. 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	SLC6271L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	(Phone) +65-82928642
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

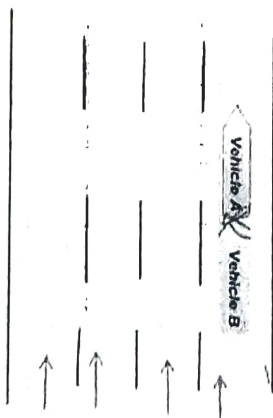
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SHA 807P

B - SLC 627H

CTE funds city

Describe Circumstances of the Accident

ON 27/08/2021 AT ABOUT 18:05 HRS, I WAS DRIVING VEHICLE A (SHA807P) ALONG CTE TOWARDS CITY. WHILE TRAVELLING STRAIGHT ON FIRST LANE, FRONT UNKNOWN VEHICLE APPLY BRAKE. I APPLIED BRAKE AND STOP. WHILE VEHICLE A WAS STATIONARY, VEHICLE B (SLC6271L) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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

Witnessed by Reporting Centre Personnel

Date/Time: 30.08.2021 15:13

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 4113558

JC NO 305484709

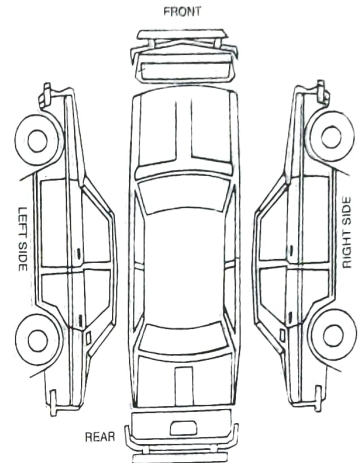
CUSTOMER CITYCAB PTE LTD CUSTOMER NO 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P) JOINT CARD NO.	REGN NO. SHA 807P	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G3)	DATE/TIME IN 30.08.2021 14:30
	YR OF MANU. 24.09.2019	TARGET DATE
	CHASSIS CODE KMHC851CVLU178407	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 27.08.2021

ATURE: 3P 27.08.2021

NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edge ment Slip

Exit Pass

Vehicle No.:

SHA 807P

No.: **SHA 807P**

JU NTUC

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

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

Company:

839G

SHA807P

No

01 Sep 2021

HYUNDAI

AE IONIQ HEV FL 1.6 DCT

Yellow

2019

G4LEKU362986

KMHC851CVLU178407

103.6 kW (138 bhp)

\$25,792.00

24 Sep 2019

24 Sep 2019

0

\$13,109.00

Yes

23 Sep 2027

\$9,831.00

23 Sep 2027

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

8

\$23,588.00

\$17,871.00

\$27,702.00

OK