

Thuan | RIC

# ASSIGNMENT

From \_\_\_\_\_ Date \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD/TP/WS/TPRES/ODRES/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.

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: SH7769C ✓ Yr Regn: 11/3, 20  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /  
Truck / Trailer or

Make: Hyundai 1009 cc 1580  
Colour: blue A/C: Insured / Std / Nil / NA  
Sp. Reading: 162107 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_  
C/No: hmHC85CVLU189552

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. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
O.O.A. <u>419/21</u>	O.O.I. <u>619/21 1630</u>

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
	<u>rcb at 3/635</u>

Date/Time File Pass to?

1)

Date/Time File Return to?

2)

Request Forwards:

Letter: Sina / B.J. /

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ Site Insp (\$ \_\_\_\_\_)

☐ Interview (\$ \_\_\_\_\_)

☐ Tech. Inve (\$ \_\_\_\_\_)

☐ Wash and (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\_\_\_\_ \$ + RS. \_\_\_\_ \$

Prints

Other

Total



## REPAIR ESTIMATE

P/P

DATE: 6-Sep-21INSURANCE: AIG ASIAMODEL: Hyundai IoniqMVA: LIM T SVEHICLE NO.: SH 7769C

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Boot Lid Assy	1		2480.40 <i>RV</i>
	Boot Lid Emblem-Hybrid	1		\$24.30 <i>✓ nec</i>
	Boot Lid Emblem-Ioniq	1		\$31.30 <i>✓ nec</i>
	Boot Lid Lower Glass (Black)	1		\$584.90 <i>X SJC</i>
	Rear Bumper	1		\$459.40 <i>✓ cut</i>
	Rear Bumper Reinforcement	1		\$394.80 <i>✓</i>
	Rear Bumper Reinforcement Bracket RH/LH	2	\$138.10	\$276.20 <i>✓</i>
	Rear Bumper Centre Moulding Assy	1		\$451.25 <i>✓ cut</i>
	Rear Bumper Lower Centre Moulding Assy	1		\$155.00 <i>✓ cut</i>
	Rear Bumper Cover Clips	10	\$2.20	\$22.00 <i>✓ nec</i>
	Rear Bumper Reflector Lamp RH	1		\$41.45 <i>X SJC</i>
	Boot Lid Lamp RH	1		\$794.40 <i>X SJC</i>
	Rear Bumper Fog Lamp	1		\$201.50 <i>X SJC</i>
	<b>SUB TOTAL</b>			\$5,916.90
	<b>LESS 20%</b>			\$1,183.38
	<b>DISCOUNTED TOTAL</b>			<b>\$4,733.52</b>
	Boot Lid ComfortDelGro	1		\$35.00 <i>✓ nec</i>
	Boot Lid 65521111	1		\$35.00 <i>✓ nec</i>
	Boot Lid APPS	1		\$40.00 <i>✓ nec</i>
	Rear Bumper Reverse Sensor	1		\$180.00 <i>✓ cut</i>
	Rear No. Plate W/Trim Cover	1		\$55.00 <i>✓ cra</i>
	Rear Windscreen Sealant	2	\$46.00	\$92.00 <i>X N/A</i>
	<b>S/NETT TOTAL</b>			<b>\$437.00</b>
	<b>SPARE PARTS TOTAL</b>			<b>\$5,170.52</b>
	<b>Labour Charge</b>			
	Panel Beating			\$800.00 <i>700</i>
	Spray Painting Charge			\$600.00 <i>500</i>
	Remove/Refix Reverse Sensor			\$120.00 <i>30</i>
	Remove/Refix Both Rear Glasses			\$240.00 <i>X N/A</i>
	<b>TOTAL LABOUR</b>			<b>\$1,760.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$6,930.52</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.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part for survey
- 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:

tharon LKH A  
tharon@lkhauto.com  
02235769  
6/9/21 1630  
3 delays w/p  
b to paint photos



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SH7769C
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Sep 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU407483
Chassis No.:	KMHC851CVLU189552
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$26,033.00
Original Registration Date:	11 Mar 2020
First Registration Date:	11 Mar 2020
Transfer Count:	0
Actual ARF Paid:	\$13,447.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Mar 2028
PARF Rebate Amount:	\$10,085.00

Intended COE Rebate Details

COE Expiry Date:	10 Mar 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$26,566.00
COE Rebate Amount:	\$21,550.00
Total Rebate Amount:	\$31,635.00

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 13 Sep 2021

OK



RE: Accident involving SH 7769C and your insured GBE8523E dated 04.09.2021

Chin, Lee-Ying <Lee-Ying.Chin@aig.com>

Mon 6/9/2021 11:10 AM

To: Lim Tien Siong <limts@cdge.com.sg>

CAUTION : This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment unless you know the sender.

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Hi Sir,

We'll appoint LKK to conduct survey.

Thanks.

AIG Claims Survey

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**From:** Lim Tien Siong <limts@cdge.com.sg>

**Sent:** Monday, September 6, 2021 10:46 AM

**To:** Chin, Lee-Ying <Lee-Ying.Chin@aig.com>

**Subject:** [EXTERNAL] Accident involving SH 7769C and your insured GBE8523E dated 04.09.2021

This message is from an external sender; be cautious with links and attachments.

Hi Lee Ying,

Fyna. Thanks.

Your main [aigsgp\\_claimssurvey@aig.com](mailto:aigsgp_claimssurvey@aig.com) failed to deliver

Best Regards,

Lim Tien Siong

Taxi Accident Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156



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**From:** canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>

**Sent:** Monday, 6 September 2021 8:51 AM

**To:** Lim Tien Siong <limts@cdge.com.sg>

**Subject:** Scan Image

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This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way



Date/Time: 06.09.2021 08:16

Page : 1

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JC NO. 305485754

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

REGN NO: <b>SH 7769C</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL E. 1/2 F
MODEL <b>IONIQ(G3)</b>	DATE/TIME IN <b>04.09.2021 11:10</b>
YR OF MANU. <b>11.03.2020</b>	TARGET DATE
CHASSIS CODE <b>KMHC851CVLU189552</b>	COMPLETION DATE/TIME:

JOINT CARD NO

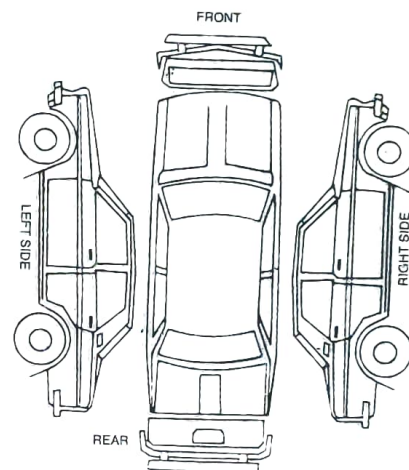
Accident Date: 04.09.2021  
 ATURE: 3P 04.09.2021

### JOB DESCRIPTION

/NO

LABOR CODE

DESCRIPTION



VED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

Vehicle No.: SH 7769C

LIMITS

Vehicle No.:

SH 7769C

Service Advisor

Signature/Date

Name of Service Advisor

Date

rned 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 Authonsed 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	04/09/2021 17:16 (SGT)
Date of Accident	04/09/2021 09:20 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7769C
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) +65-93665534
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	JURAIMI BIN MUSTARI
NRIC No	SXXXX907F



Date Of Birth	01/02/1963
Occupation	Outdoor
Date Of Driving Pass	06/04/1984
Driving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93665534
Alt. Phone Number	-
Email Address	fleetsafety@cdglaxi.com.sg
Address	APT BLK 341 BUKIT BATOK STREET 34
Address complement	#10-56
Postcode	SINGAPORE 650341
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 THE 04/09/2021 AT AROUND 0920HRS, I WAS DRIVING MY VEHICLE A (SH7769C) ALONG UPPER BUKIT TIMAH ROAD TURNING LEFT TOWARDS OLD JURONG ROAD. I WAS ON THE SLIP ROAD TURNING LEFT TOWARDS OLD JURONG ROAD. I STOP BEFORE THE GIVE WAY LINE AS THERE WAS A VEHICLE APPROACHING ON OLD JURONG ROAD WHEN SUDDENLY VEHICLE B (GBE8523E) REAR ENDED VEHICLE A. THERE IS DAMAGE ON THE REAR RIGHT OF VEHICLE A. THERE IS SLIGHT PAIN ON MY NECK AND LEFT SHOULDER BECAUSE THE IMPACT.

#### 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 NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE8523E
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle



Name of Driver	BIPLOB
Passport No/FIN	GXXXX287K
Contact Number	(Phone) +65-93907223
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
	2

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	JURAIMI BIN MUSTARI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	NECK AND LEFT SHOULDER PAIN
Were seat belts worn?	SH7769C
Was this injured conveyed to hospital by ambulance?	-



## 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' 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.

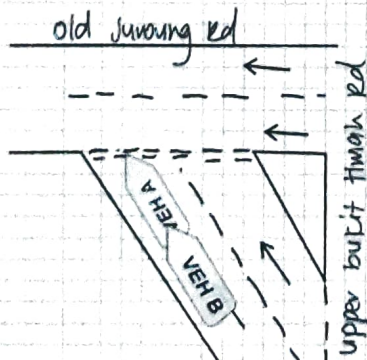
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
A/9/21 1200

Witnessed by Reporting Centre Personnel Sayat

### Sketch Plan

A: SH 7769C  
B: GBE 8523E





**Describe Circumstances of the Accident**

ON THE 04/09/2021 AT AROUND 0920HRS, I WAS DRIVING MY VEHICLE A (SH7769C) ALONG UPPER BUKIT TIMAH ROAD TURNING LEFT TOWARDS OLD JURONG ROAD. I WAS ON THE SLIP ROAD TURNING LEFT TOWARDS OLD JURONG ROAD. I STOP BEFORE THE GIVE WAY LINE AS THERE WAS A VEHICLE APPROACHING ON OLD JURONG ROAD WHEN SUDDENLY VEHICLE B (GBE8523E) REAR ENDED VEHICLE A. THERE IS DAMAGE ON THE REAR RIGHT OF VEHICLE A. THERE IS SLIGHT PAIN ON MY NECK AND LEFT SHOULDER BECAUSE THE IMPACT.

**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  
4/9/21 0900

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
Sanyat