

ASSIGNMENT

From

Date

Estimated Cost:

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

To Inspect Vehicle No: SHA 2805G

at Workshop m/s

at

Insured

SMU 4552H

Policy No

MQ003338

Claims No

M2104621

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:

SHA 2805G

Yr Regn:

1/8, 19

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

Truck / Trailer or

Make:

Hyundai iony

c.c 1580

Colour

blue

A/C: Insured / Std / NI / NA

Sp. Reading

216077

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

kmh/c85/cuhul65000

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt / or

Brake: In order / Jammed / Leaked / Burnt / or

Modi: Nil / S/R/In / STD A/R/In / 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.

3/10/21

D.O.I.

4/10/21 17/5

Survey held at

Comfort

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roof/tp or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Rebate: 26234

Confirmed L/S \$3550, 3 repair days.

(RED \$2200.04; 38%)

Date/Time, File Pass to?



Procl, Report

15/10 TYPIST

Final Report

Date/Time, File Return to?

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

\$ + P.S. \$

Fuels

Others

Total

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Vehicle (\$

Request Form:

TP

Letter Sign / Date:

\$3550

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

| | |
|----------------|---------|
| Owner ID Type: | Company |
| Owner ID: | 821R |

Vehicle Details

| | |
|-------------------------------|----------------------|
| Vehicle No: | SHA2805G |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 11 Oct 2021 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | AE IONIQ HEV 1.6 DCT |
| Primary Colour: | Blue |
| Manufacturing Year: | 2019 |
| Engine No: | G4LEKU298732 |
| Chassis No: | KMHC851CVKU165000 |
| Maximum Power Output: | 103.6 kW (138 bhp) |
| Open Market Value: | \$25,203.00 |
| Original Registration Date: | 01 Aug 2019 |
| First Registration Date: | 01 Aug 2019 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$12,285.00 |

Intended PARF Rebate Details

| | |
|-------------------------------|-------------|
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 31 Jul 2027 |
| PARF Rebate Amount: | \$9,213.00 |

Intended COE Rebate Details

| | |
|----------------------|--------------------------------------|
| COE Expiry Date: | 31 Jul 2027 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$23,463.00 |
| COE Rebate Amount: | \$17,021.00 |
| Total Rebate Amount: | \$26,234.00 |

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 11 Oct 2021

OK

Unit: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4125874

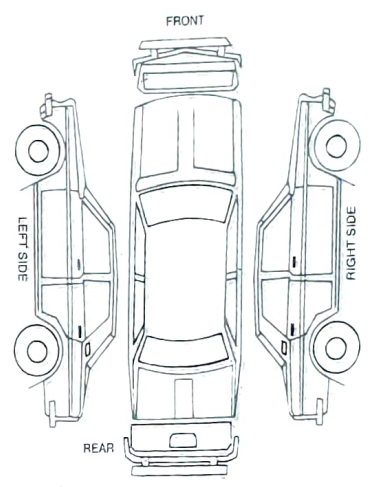
JC NO305489371

| | | |
|--|-----------------------------------|----------------------------------|
| OWNER S COMFORT TRANSPORTATION PTE LTD OWNER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) UNIT CARD NO. | REGN NO. SHA2805G | MILEAGE |
| | MAKE HYUNDAI | FUEL E.....1/2.....F |
| | MODEL IONIQ(G2) | DATE/TIME IN 03.10.2021 20:00 |
| | YR OF MANU. 01.08.2019 | TARGET DATE |
| | CHASSIS CODE KMHC851CVKU165000 | COMPLETION DATE/TIME: |
| | | |

JOB DESCRIPTION

cident Date: 03.10.2021
TURE: 3P.03.10.2021

NO LABOR CODE DESCRIPTION



VED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

| | |
|--|------------------------------|
| edgement Slip o.: SHA2805G JU TOKIO | Exit Pass |
| | Vehicle No.: SHA2805G |
| Service Advisor | Signature/Date |
| urned to Service Reception upon collection | Name of Service Advisor Date |
| | To be kept by Security Guard |

ComfortDelGro Engineering Pte Ltd (Co.Reg.No: 199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Jumani

Singapore

PARTICULARS OF CLAIM

| | | | |
|-------------------------------|--|--------------------|-------------------|
| Claim Type: | THIRD PARTY | Ref. No: | |
| Policy No: | | Date of Loss: | 03/10/2021 |
| Vehicle Reg. No.: | SHA2805G | Driveable? | YES |
| Party At Fault: | UNKNOWN | | |
| Make/Model: | HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A) | Vehicle Reg. Date: | 01/08/2019 |
| Vehicle Colour: | BLUE | Gen Condition: | GOOD |
| Engine No: | G4LEKU298732 | Chassis No: | KMHC851CVKU165000 |
| Odometer: | 0 KM | | |
| Paint Type: | | | |
| List Item Discount: | 20.00 % | | |
| Total Loss? | NO | | |
| Est. Duration of Repair (day) | 4 | | |
| Present Location: | COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) | | |

| COST OF CLAIMS | Amount |
|---------------------------|-----------------|
| Parts | 3,499.04 |
| Miscellaneous Items | 11.00 |
| Labour | 2,240.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (\$\$) | 5,750.04 |
| + GST 7.00% (\$\$) | 402.50 |
| Nett Amount (\$\$) | 6,152.54 |

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 04 Oct 2021)**Parts:** 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd(SHA2805G/04/10/2021 15:49 ✓)**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk ***Estimates on Parts**

| No. | Qty | Part No. | Particulars | %Disc | %Depr | Amount |
|-------------------------------------|-----|----------|-------------------------------|-------|-------|----------------|
| 1 | 1 | | *REAR DOOR RH | 20.00 | 0.00 | *1,789.90 FL ✓ |
| 2 | 1 | | *REAR FENDER RH | 20.00 | 0.00 | *1,768.30 FL ✓ |
| 3 | 1 | | *REAR ROCKER PANEL GARNISH RH | 20.00 | 0.00 | *715.60 FL ✓ |
| 4 | 1 | | *REAR APPS LOGO | 0.00 | 0.00 | *80.00 FL ✓ |
| F=Franchise part, L=List item Disc. | | | | | | |

Sub Total (S\$) 4,353.80

- List Item Discount on L Items (S\$) 854.76

Total Parts (S\$) 3,499.04

ComfortDelGro Engineering Pte Ltd(SHA2805G/04/10/2021 15:49, Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

| No | Qty | Particulars | Amount |
|----------------------------|-----|----------------------|--------|
| Miscellaneous Items | | | |
| 1 | 1 | OD/TP Case (Insurer) | 11.00 |
| Sub Total (S\$) | | | 11.00 |

Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|-------------------------|------------------------------|----------|--------------|
| Labour Items | | | |
| 1 | PANEL BEATING | New | 1,100.00 700 |
| 2 | SPRAYPAINT | New | 800.00 750 |
| 3 | TUFF KOTE | New | 50.00 10 |
| 4 | CHECK WIRING | New | 50.00 20 |
| 5 | REMOVE/REFIX UPHOLSTERY REAR | New | 120.00 50 |
| 6 | TRANSFER DOOR PARTS | New | 120.00 50 |
| Gross Labour Cost (S\$) | | | 2,240.00 |

ComfortDelGro Engineering Pte Ltd/SHA2805G/04/10/2021 15:49. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Thuan@Lkhauto.com

82235769

4/10/21 1715

L/S after repair photo
wp 3 days

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 | 05/10/2021 10:31 (SGT) |
| Date of Accident | 03/10/2021 18:35 (SGT) |
| Exact Location of Accident | Ang Mo Kio Ave 5, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA2805G |
| 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) +65-97661562 |
| 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 | TAY KHAI CHEONG |
| NRIC No | SXXXX863A |

| | |
|--|-------------------------------------|
| Occupation | Outdoor |
| Date Of Driving Pass | 20/06/1979 |
| Driving experience | 42 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97661562 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 631 ANG MO KIO AVENUE 4 #07-940 |
| Address complement | - |
| Postcode | 560631 |
| 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 - Major/Minor Rd |
| 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 | 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 03/10/2021 AT ABOUT 1835HRS I WAS DRIVING MY VEHICLE (A) SHA2805G ALONG ANG MO KIO AVE 5, NEAR BLOCK 537 VEHICLE (B) SMU4552H FROM CARPARK FAIL TO STOP AT STOP LINE TURN LEFT AND COLLIDED HIS VEHICLE B FRONT RIGHT ONTO MY VEHICLE A RIGHT REAR. VEHICLE B DID NOT STOP AFTER COLLISION. I HAD TO CATCH UP TO HIS VEHICLE B AND MANAGED TO TAKE PHOTOS. VEHICLE B DRIVER DID NOT GET DOWN HIS VEHICLE OR SPEAK WITH ME. MY PASSENGER IS NOT INJURED. NO PARTICULARS EXCHANGED

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMU4552H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

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)

Private car

(RED \$2

SKETCH PLAN

IMPORTANT NOTICE

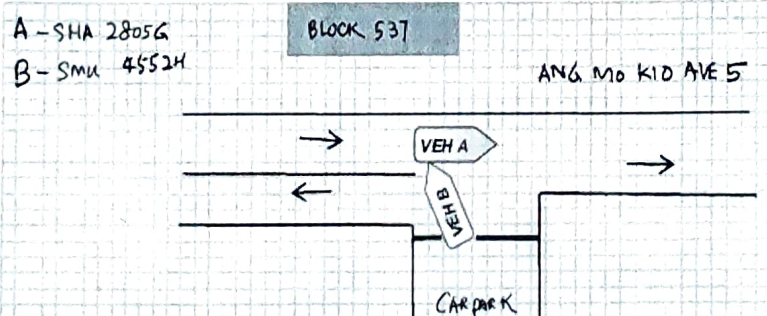
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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



Describe Circumstances of the Accident

ON 03/10/2021 AT ABOUT 1835HRS I WAS DRIVING MY VEHICLE A SH280SG ALONG ANG MO KIO AVE 5 NEAR BLOCK 537 VEHICLE B SMU4552H FROM CARPARK FAIL TO STOP AT STOP LINE TURN LEFT AND COLLIDED HIS VEHICLE B FRONT RIGHT ONTO MY VEHICLE A RIGHT REAR VEHICLE B DID NOT STOP AFTER COLLISION I HAD TO CATCH UP TO HIS VEHICLE B AND MANAGED TO TAKE PHOTOS. VEHICLE B DRIVER DID NOT GET DOWN HIS VEHICLE OR SPEAK WITH ME MY PASSENGER IS NOT INJURED. NO PARTICULARS EXCHANGED

Declaration

I/We declare the foregoing particulars are true in every respect.

 Proclaimant's Signature / Date &
 Time

 Driver's Signature (if driver is not the proclaimant) / Date
 & Time 04/10/2021 1230Hrs

 Witnessed By Reporting Centre
 Personnel Ryan Yung