Handled By: Thevan | Tel: N/tac NS/INC21010456/Vvc

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: SLP 7402B

Policy No

Claims No MT/1147389-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S | O/S

Bal. or Market Value:

IDAC Accident Rport: 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:

Veh No: SHD4477AU ✓ Yr Rogn: 13/2/20

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

Make: Hyundai Ioniq c.c 1580

Colour blue A/C: Insured / Std / NI / NA

Sp.Reading 44753 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC851CULU189265

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 R/Bal. 5 mm L/Bal. 5 mm

Rear R/Bal. 5 mm L/Bal. 5 mm

D.O.A. 29/9/21 D.O.I. 4/10/21 1745

Survey held at Comfort

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	rebate: 30777
15/10/21	Thevan confirmed $1093.60 (Red 1840.20, 62%)

Date/Time File Pass to? : Prell. Report

: Final Report

Date/Time File Return to?

18/10/21-typist

Report Format: TP

Lump Sum / LBJ: $1093.60

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp ($) : Interview ($) : Tech. Inve ($) : Weekend ($)

Survey Fee:

Transportation:

__S + RS. __SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

P/P

VEHICLE NO SHD4779U ✓ **29.09.21**

MAKE 13.02.2020 **CHIANG/NTUC**

MODEL IONIQ G2

Qty	Parts Description/ Labour	Type		Amount
1	REAR BUMPER			$459.40 RV
1	REAR BUMPER SIDE BRACKET LH/RH		$55.80	$55.80 XSUC
1	REAR BUMPER REINFORCEMENT			$394.80 ?
1	REAR BUMPER STAY LH			$138.10 XSUC
10	REAR BUMPER CLIPS		$2.20	$22.00 MC
1	REAR BUMPER CENTRE MOULDING			$451.25 Ref
1	REAR BUMPER LOWER COVER			$155.00 XSUC
1	BUMPER TOW COVER			$98.80 XSUC
2	REAR BUMPER REFLECTOR LH			$41.45 XSUC
1	REAR BUMPER FOG LAMP			$201.10 XSUC
	SUB TOTAL			**$2,017.70**
	20.00%			**$403.54**
	DISCOUNTED TOTAL			**$1,614.16**
1	REAR NUMBER PLATE W/HOLDER			$55.00 ✓ SCR
1	REAR REVERSE SENSOR			$180.00 ✓ Cut
				$235.00
	Labour Charge			
	Panel Beating			$560.00 350
	Spray Painting Charge			$300.00 250
	Check Wiring and Lighting			$60.00 20
	Tuff Kote			$60.00 20
	Remove/refix Reverse sensor			$60.00 20
	TOTAL LABOUR			**$1,040.00**
	ESTIMATE TOTAL			**$2,889.16**

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@LKKauto.com
82235769
4/10/21 1745
P/P b4 paint photo
WP 2days

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

Owner ID Type:	Company
Owner ID:	B21R

Vehicle Details

Vehicle No.:	SHD4779U
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU406255
Chassis No.:	KMHC851CVLU189265
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	$25,327.00
Original Registration Date:	13 Feb 2020
First Registration Date:	13 Feb 2020
Transfer Count:	0
Actual ARF Paid:	$12,458.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Feb 2028
PARF Rebate Amount:	$9,343.00

Intended COE Rebate Details

COE Expiry Date:	12 Feb 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	$26,431.00
COE Rebate Amount:	$20,934.00
Total Rebate Amount:	**$30,277.00**

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

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
[illegible]
Workshops
[illegible]

Date/Time: 04.10.2021 14:01 Page : 1

Team: ARC Repair TP(CLSO)1

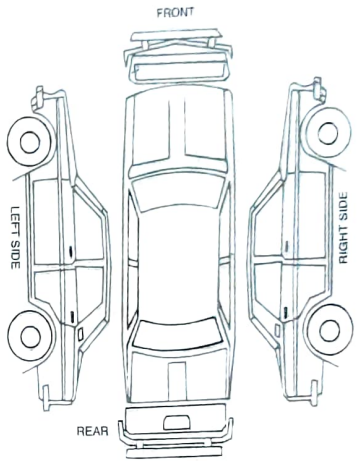
JOB CARD Sales Order: JC NO 305489359

STOMER	REGN NO.: SHD4779U	MILEAGE
MS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E 1/2 F
STOMER NO. 7010045	MODEL: IONIQ(G3)	DATE/TIME IN 04.10.2021 12:10
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 13.02.2020	TARGET DATE
(R) 65508755 (O) (P)	CHASSIS CODE KMHC851CVLU189265	COMPLETION DATE/TIME:
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 29.09.2021
NATURE: 3P 29.09.2021

S/NO	LABOR CODE	DESCRIPTION



IECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
o.:
le No.: SHD4779U CHIANG

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD4779U

Name of Service Advisor

Date

To be kept by Security Guard

SJ04219U000D-01 / JP Knights Pte Ltd
ENTRY DATE & TIME: 30/09/2021 15:42 (SGT)
SUBMITTED BY: Sunis
VERSION: 2 (30/09/2021 16:42 (SGT))

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	30/09/2021 15:42 (SGT)
Date of Accident	29/09/2021 18:45 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4779U

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) +65-96801747
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	LEE SOON KIM
NRIC No	SXXXX616H

Date Of Birth	15/05/1952
Occupation	Outdoor
Date Of Driving Pass	04/11/1969
Driving experience	51 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96801747
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	19C HOOT KIAM ROAD
Address complement	-
Postcode	249401
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?	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 29/09/2021 AT ABOUT 1845HRS I WAS DRIVING MY VEHICLE A (SHD4779U) ON THE 3RD LANE YISHUN AVE 2 TOWARDS GAMBAS. AT THE TRAFFIC JUNCTION OF YISHUN AVE 7 WITH RED LIGHTS CAMERA, TRAFFIC LIGHTS TURN AMBER I STOPPED MY VEHICLE A. VEHICLE B (SLP7402B) THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER IS NOT INJURED. PARTICULARS EXCHANGED

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	SLP7402B
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96186739
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 **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

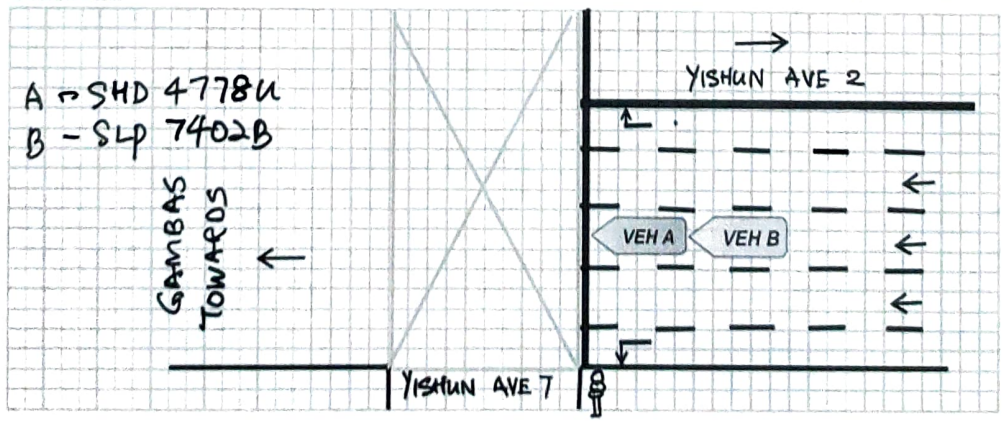
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 30/09/2021 1315HRS

Witnessed by Reporting Centre Personnel Kyaw Tong

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 29/09/2021 AT ABOUT 1845HRS I WAS DRIVING MY VEHICLE A SHD4779U ON THE 3RD LANE YISHUN AVE 2 TOWARDS GAMBAS. AT THE TRAFFIC JUNCTION OF YISHUN AVE 7 WITH RED LIGHTS CAMERA, TRAFFIC LIGHTS TURN AMBER I STOPPED MY VEHICLE A. VEHICLE B SLP7402B THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER IS NOT INJURED. PARTICULARS EXCHANGED

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 30.09.2021 1320HRS

Witnessed by Reporting Centre Personnel Kyan Yong