

Form No. 1

10-10-10

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. \_\_\_\_\_  
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 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
Vehicle: IN / OUT

Veh No: SHD477au Yr Regn: 13/2, 70  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Primo Mover /  
Truck / Trailer or  
Make: Hyundai Ioniq c.c. 1580  
Colour: blue A/C: \_\_\_\_\_ Insured / Std / NI / NA  
Sp. Reading: 001755 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: hmt/c85/culu/89265  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or  
Brake: In order / Jammed / Leaked / Burnt or  
Modi: NI / S/Rlm / STD A/Rlm 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. 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 / Roof/Top or  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Rebate: 30777</u>

Date/Time, File Pass to? ☐ : Proll. Report  
☐ : Final Report  
Date/Time, File Return to? 3

Days Of Repair: \_\_\_\_\_  
Resurvey No. of Trlp: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Invs (\$ \_\_\_\_\_)  
☐ : W/A/E/G/ (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
_____ S + RS. _____ SI	
Plinius	
Others	

Report Form: \_\_\_\_\_  
Date: \_\_\_\_\_

## REPAIR ESTIMATE\*

VEHICLE NO SHD4779U ✓

29.09.21

P/P

MAKE 13.02.2020 ✓

CHIANG/NTUC

MODEL IONIQ G2

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER		\$459.40 ✓
1	REAR BUMPER SIDE BRACKET LH/RH		\$55.80 X SUC
1	REAR BUMPER REINFORCEMENT		\$394.80
1	REAR BUMPER STAY LH		\$138.10 X SUC
10	REAR BUMPER CLIPS		\$22.00 MIC
1	REAR BUMPER CENTRE MOULDING		\$451.25 / Ref
1	REAR BUMPER LOWER COVER		\$155.00 X SUC
1	BUMPER TOW COVER		\$98.80 X SUC
2	REAR BUMPER REFLECTOR LH		\$41.45 X SUC
1	REAR BUMPER FOG LAMP		\$201.10 X SUC
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
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 10
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@Lkhauto.com

82235769

4/10/21 1745

P/P before 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:

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 11 Oct 2021

Company

821R

SHD4779U

No

11 Oct 2021

HYUNDAI

AE IONIQ HEV FL 1.6 DCT

Blue

2019

G4LEKU406255

KMHC851CVLU189265

103.6 kW (138 bhp)

\$25,327.00

13 Feb 2020

13 Feb 2020

0

\$12,458.00

Yes

12 Feb 2028

\$9,343.00

12 Feb 2028

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

8

\$26,431.00

\$20,934.00

\$30,277.00

OK

Date/Time: 04.10.2021 14:01

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305489359

STOMER

COMFORT TRANSPORTATION PTE LTD  
7010045  
STOMER NO  
383 SIN MING DRIVE  
DRESS SINGAPORE SINGAPORE 575717  
65508755 (O)  
(P)

3COUNT CARD NO.

REGN NO:

SHD4779U

MILEAGE

MAKE:

HYUNDAI

FUEL

E 1/2 F

MODEL

IONIQ(G3)

04.10.2021 12:10

YR OF MANU

13.02.2020

TARGET DATE

CHASSIS CODE

KMHC851CVLU189265

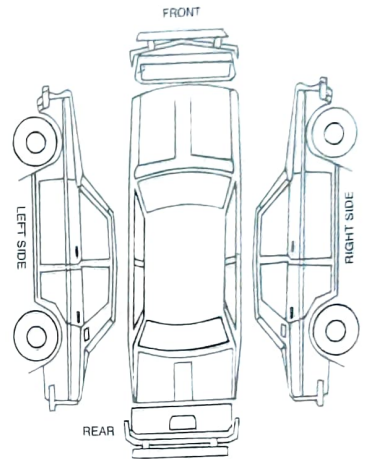
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.09.2021

NATURE: 3P 29.09.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

By:

Vehicle No.: SHD4779U CHIANG

Exit Pass

Vehicle No.: SHD4779U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



ntmc

# 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

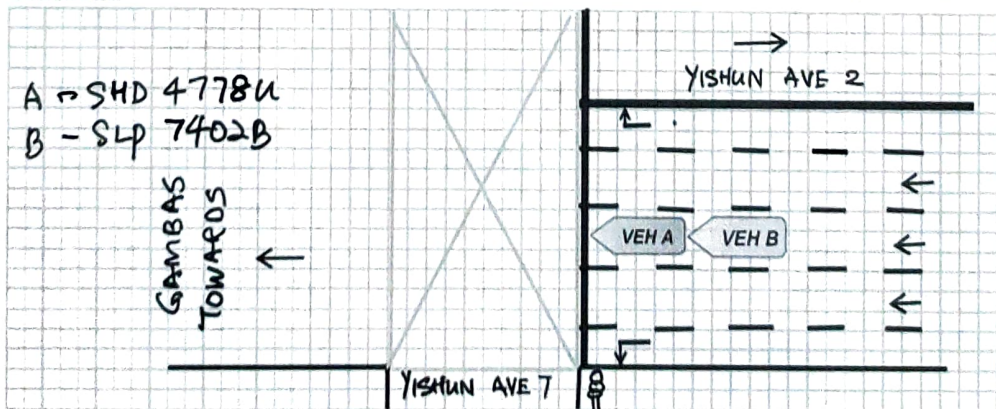
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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

Witnessed by Reporting Centre Personnel

Sketch Plan





**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

Witnessed by Reporting Centre Personnel