

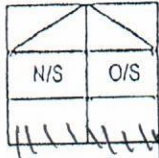
INSURED BY: Thevan

DATE: N/A

ASSIGNMENT

2019

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/1147089-002
 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: SH1A1007A ✓ Yr Regn: 2211/118
 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: 262700 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KM1C8510KUL64278
 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 R/Bal. 5 mm Rear R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 6/10/21 D.O.I. 6/10/21/1630
 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
	rebate: 26409
15/10/21	Thevan finalised with Mr Chiang LS \$3700, 3 days. (Red \$2127.76, 37%)

Date/Time. File Pass to? : Prel. Report
 : Final Report
 20/10 Typist
 Date/Time. File Return to?

Days Of Repair: 3
 Resurvey No. of Trip: 2

- Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Wse/End (\$)

Survey Fee:
 Transportation: _____
 \$ + RS. \$
 Photos
 Office

Request Formed: TP
 Loss Sum / TP: 3700

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO **SHA1007A**
 MAKE **REG.22.11.2018**
 MODEL **IONIQ G2**

03/09/21

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$459.40 ✓/cut
1	REAR BUMPER CENTRE MOULDING			\$451.25 ✓/scr
1	REAR BUMPER REINFORCEMENT			\$394.80 ✓/r.
2	REAR BUMPER STAY /RH		\$138.10	\$138.10 ✓/r.
10	REAR BUMPER CLIPS		\$2.20	\$22.00 ✓/nec
1	REAR UNDER CENTRE COVER			\$225.00 ✓/r
1	BOOTLID COVER - more photos to show damaged			\$2,480.40 ✓/def
1	BOOTLID H EMBLEM			\$38.00 ✓/nec
1	BOOTLID EMBLEM IONID			\$31.80 ✓/nec
1	BOOTLID EMBLEM HYBRID			\$24.30 ✓/nec
1	REAR BUMPER TOW COVER			\$98.80 ✓/SUC
1	REAR SMART KEY SENSOR			\$40.50 ✓/r.
2	REAR BUMPER BRACKET LH /RH		\$55.80	\$111.60 ✓/SUC
				\$4,515.95
				\$903.19
DISCOUNTED TOTAL				\$3,612.76
				\$40.00 ✓/nec
1	BOOTLID COMFORT APP STICKER			\$40.00 ✓/nec
2	BOOTLID COMFORT /TEL NUMBER STICKER		\$30.00	\$60.00 ✓/nec
1	BOOTLID ADVERTISEMENT			\$100.00 ✓/nec
1	REAR NUMBER PLATE W/HOLDER			\$55.00 ✓/cra
1	REAR REVERSE SENSOR			\$180.00 ✓/cut
				\$435.00
Labour Charge				
Panel Beating				\$850.00 700
Spray Painting Charge				\$600.00 500
Check wiring and lighting				\$60.00 20
Remove/Refix rear w/screen (big & small)				\$120.00 ✓
Tuff Kote				\$90.00 30
Remove/Refix reverse sensor				\$60.00 20
TOTAL LABOUR				\$1,780.00
Thuan @ Lkkauto.com 82235769 6/10/21 1630 US & after repair photo 3days wp				
ESTIMATE TOTAL				\$5,827.76

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

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.

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:	821R
Vehicle Details	
Vehicle No.:	SHA1007A
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU295282
Chassis No.:	KMHC851CVKU164278
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,373.00
Original Registration Date:	26 Jun 2019
First Registration Date:	26 Jun 2019
Transfer Count:	0
Actual ARF Paid:	\$12,523.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Jun 2027
PARF Rebate Amount:	\$9,392.00
Intended COE Rebate Details	
COE Expiry Date:	25 Jun 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$23,872.00
COE Rebate Amount:	\$17,017.00
Total Rebate Amount:	\$26,409.00
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 12 Oct 2021

OK

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

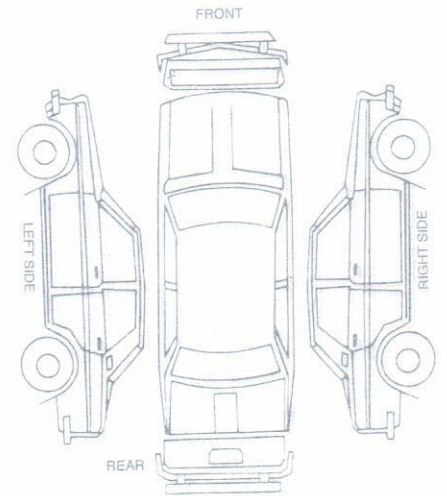
JC NO305489642

CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 CUSTOMER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (O) (P) ACCOUNT CARD NO.	REGN NO: SHA1007A	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: IONIQ(G2)	DATE/TIME IN 06.10.2021 12:35
	YR OF MANU: 26.06.2019	TARGET DATE
	CHASSIS CODE: KMHC851CVKU164278	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.10.2021
NATURE: 3P 06.10.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip
 Name: _____
 No.: _____
 Plate No.: **SHA1007A** **CHIANG**

 Signature/Date _____

Exit Pass
 Vehicle No.: **SHA1007A**

 Name of Service Advisor _____
 Date _____
 To be kept by Security Guard

Vehicle returned to Service Reception upon collection

Ain Thavan / nthe

SJ0421A6000A / JP Knights Pte Ltd
ENTRY DATE & TIME: 06/10/2021 14:17 (SGT)
SUBMITTED BY: Suria
VERSION: 1 (06/10/2021 14:17 (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	06/10/2021 14:17 (SGT)
Date of Accident	06/10/2021 11:35 (SGT)
Exact Location of Accident	Jln Bahar, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1007A
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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) +65-97777361
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	CHING BUCK HENG
NRIC No	SXXXX954I

Date Of Birth	18/07/1960
Occupation	Outdoor
Date Of Driving Pass	27/05/1978
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97777361
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 720 JURONG WEST AVENUE 5 #06-90
Address complement	-
Postcode	640720
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

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 06/10/2021 AT ABOUT 11:35HRS, I WAS DRIVING VEHICLE A (SHA1007A) ALONG JALAN BAHAR TOWARDS PIE. FRONT UNKNOWN VEHICLE SLOWDOWN. I APPLY BRAKE AND SLOW DOWN VEHICLE A WHEN I FELT AN IMPACT ONTO REAR OF VEHICLE A. VEHICLE C (YN2927T) COLLIDED ONTO VEHICLE B (SJE5305M). AND VEHICLE B COLLIDED ONTO VEHICLE A REAR BUMPER. MY PASSANGER NOT FEEL WELL AND I SUSTAINED PAIN ON MY NECK AND BACK.

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	SJF5305M
Vehicle Manufacturer	-

Vehicle Model -
 Vehicle Variant -
 Vehicle Colour Private car
 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) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN2927T
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour Commercial vehicle
 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) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person PASSENGER
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NOT FEEL WELL
 Injured person in which vehicle? SHA1007A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person CHING BUCK HENG
 Gender Male
 Phone No (Phone) +65-97777361
 Address BLK 720 JURONG WEST AVENUE 5 #06-90
 Address Complement -
 Post Code 640720
 Approximate Age Years Old -
 Injuries Sustained PAIN ON NECK AND BACK
 Injured person in which vehicle? SHA1007A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident

ON 06/10/2021 AT ABOUT 11:35HRS, I WAS DRIVING VEHICLE A (SHA1007A) ALONG JALAN BAHAR TOWARDS PIE. FRONT UNKNOWN VEHICLE SLOWDOWN. I APPLY BRAKE AND SLOW DOWN VEHICLE A WHEN I FELT AN IMPACT ONTO REAR OF VEHICLE A. VEHICLE C (YN2927T) COLLIDED ONTO VEHICLE B (SJE5305M). AND VEHICLE B COLLIDED ONTO VEHICLE A REAR BUMPER. MY PASSANGER NOT FEEL WELL AND I SUSTAINED PAIN ON MY NECK AND BACK.

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

ching

6/10/21 - 1320h

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