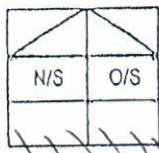


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SHD 6521H
 at Workshop m/s _____
 of _____
 Insured: SMH 2631U
 Policy No. _____
 Claims No. MT/1147140-002
 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. 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: SHD 6521H ✓ Yr Regn: 23/1/170
 Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or
 Make: Hyundai Ionig c.c. 1580
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 188327 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: hmHc851 CULU188823
 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. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 6/10/21 D.O.I. 7/10/21 16/5
 Survey held at Comfort
 Des. of Damages: Frt / ☒ Rear / O/S / N/S / U/C / Roof/tp or

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

Date / Time	Action / Instruction
	rebate: 29558
	Confirmed P/P \$1021, 2 repair days.
	(RED \$902.92; 47%)

Date/Time. File Pass to? ☐ : Prelim. Report
☐ : Final Report
 20/10 TYPIST
 Date/Time. File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Insp (\$)
☐ : Wash end

Survey Fee:	
Transportation:	
\$ + RS. \$	
Fuel	
Other	
Total	

Request Form: TP
 144 / 1.0.1.1 \$1021

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHD6521H ✓

06/10/21

MAKE 23.01.2020

CHIANG/NTUC

MODEL IONIQ G3

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER		\$459.40
1	REAR BUMPER SIDE BRACKET LH/RH		\$55.80
10	REAR BUMPER CLIPS		\$22.00
1	REAR BUMPER CENTRE MOULDING		\$451.25
2	REAR BUMPER REFLECTOR RH		\$41.45
	SUB TOTAL		\$1,029.90
	20.00%		\$205.98
	DISCOUNTED TOTAL		\$823.92
1	REAR BUMPER MAT		\$50.00
1	REAR REVERSE SENSOR		\$180.00
			\$230.00
	Labour Charge		
	Panel Beating		\$450.00
	Spray Painting Charge		\$300.00
	Check Wiring and Lighting		\$60.00
	Remove/refix Reverse sensor		\$60.00
	TOTAL LABOUR		\$870.00
	ESTIMATE TOTAL		\$1,923.92

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

7/10/21 1615

P/P bfr paint photo

2day wp

- 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:	821R

Vehicle Details

Vehicle No.:	SHD6521H
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU406587
Chassis No.:	KMHC851CVLU188823
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,238.00
Original Registration Date:	23 Jan 2020
First Registration Date:	23 Jan 2020
Transfer Count:	0
Actual ARF Paid:	\$12,334.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Jan 2028
PARF Rebate Amount:	\$9,250.00

Intended COE Rebate Details

COE Expiry Date:	22 Jan 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,895.00
COE Rebate Amount:	\$20,308.00
Total Rebate Amount:	\$29,558.00

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 Oct 2021

OK

Date/Time: 06.10.2021 16:00

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305489644

CUSTOMER
COMFORT TRANSPORTATION PTE LTD
7010045
CUSTOMER NO.
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

REGN NO: SHD6521H	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 06.10.2021 13:50
YR OF MANU. 23.01.2020	TARGET DATE
CHASSIS CODE KMHC851CVLU188823	COMPLETION DATE/TIME:

COUNT CARD NO.

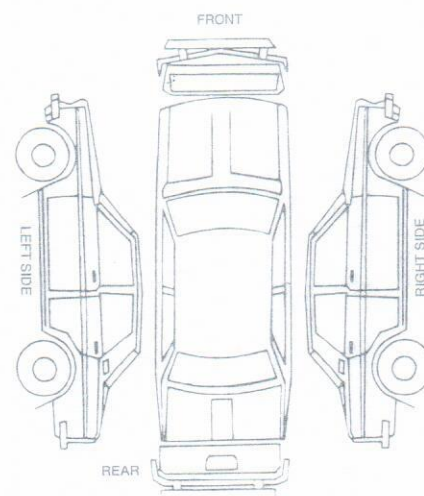
JOB DESCRIPTION

Accident Date: 06.10.2021
NATURE: 3P 06.10.2021

/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHD6521H CHIANG

Exit Pass

Vehicle No.: SHD6521H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned 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 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 18:41 (SGT)
Date of Accident	06/10/2021 13:15 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6521H
-----------------------------	----------

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) +65-98236620
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	LIM CHIN GUAN
NRIC No	SXXXX0421

Date Of Birth	03/12/1956
Occupation	Outdoor
Date Of Driving Pass	23/03/1978
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98236620
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 199A PUNGGOL FIELD #09-401
Address complement	-
Postcode	821199
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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)	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 13:15HRS, I WAS DRIVING VEHICLE A (SHD6521H) ALONG CTE TOWARDS MOULMEIN ROAD . UPON REACHING SLIP ROAD JUNCTION, I STOP VEHICLE A. WHILE VEHICLE A WAS STATIONARY, VEHICLE B (SMH2631U) COLLIDED ONTO VEHICLE A REAR BUMPER. EXCHANGED PARTICULARS. I SUSTAINED PAIN ON MY NECK

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	SMH2631U
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98102165
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	LIM CHIN GUAN
Gender	Male
Phone No	(Phone) +65-98236620
Address	BLK 199A PUNGGOL FIELD #09-401
Address Complement	-
Post Code	821199
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK
Injured person in which vehicle?	SHD6521H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

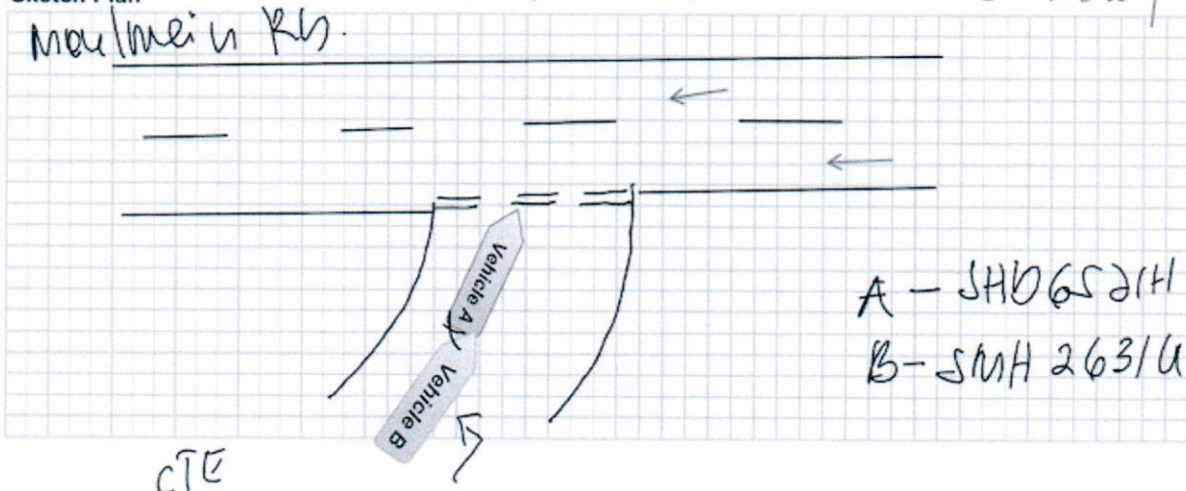
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 06/10/2021 AT ABOUT 13:15HRS, I WAS DRIVING VEHICLE A (SHD6521H) ALONG CTE TOWARDS MOULMEIN ROAD . UPON REACHING SLIP ROAD JUNCTION, I STOP VEHICLE A. WHILE VEHICLE A WAS STATIONARY, VEHICLE B (SMH2631U) COLLIDED ONTO VEHICLE A REAR BUMPER. EXCHANGED PARTICULARS. I SUSTAINED PAIN ON MY NECK

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

6/10/21 - 1425H

Witnessed by Reporting Centre
Personnel

hhaman