

ASSIGNMENT

Form:

Code:

Estimated Cost:

QD/TP/WS/TP RES/CO RES/EVA/INV/MV

To Inspect Vehicle No: SHC 1041P

at Workshop on:

of:

Insured:

GBK 5838K

Policy No:

Claims No:

CDMCG21001569-001

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: 1 days Res.: Yes or No

Turn Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 1041P

Yr Reg:

3/9/18

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

Truck / Trailer or

Make:

Hyundai iony

cc 1580

Colour:

blue

A/C: Insured / Std / Nil / NA

Sp Reading:

459103

T/Meter: Insured / Std / Nil / NA

Eng No:

C No:

kmtc85lcukh 107386

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / R/R / 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:

15/10/21

D.O.I:

18/10/21/1615

Survey held at

Comfort

Des. of Damages: Frt / Rear / O/S / (NIS) / UIC / Roof top or

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

Date / Time

Action / Instruction

rebate: 24457

100% given

Confirmed L/S \$1100. 1 repair day

(RED \$273.78; 20%)

Date/Time, File Pass to?

☐ : Procl. Report

12/29/10 TYPIST

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$1

Addl Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Wash and

Finitis

Glowe

Total

Report Fee: TP

Lump Sum \$1100

REPAIR ESTIMATE

Make : HYUNDAI

Model : IONIQ

Date: 15.10.2021

Insurance: ERGO

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	FRT DOOR MIRROR ASSY LH.			\$1,391.70 ✓
	SUB TOTAL			\$1,391.70
	LESS 25%			\$347.93
	DISCOUNTED TOTAL			\$1,043.78
	Labour Charge			
	PANEL BEATING			\$150.00
	SPRAY PAINTING CHARGE			\$150.00
	WIRING CHARGE			\$30.00
	TOTAL LABOUR			\$330.00
	ESTIMATE TOTAL			\$1,373.78

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@lthqcto.com

82235769

18/10/21 1615

L/S after repair photo

10 days wp

- 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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SHC1041P
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	G4LEJU080636
Chassis No.:	KMHC851CVKU107386
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,785.00
Original Registration Date:	03 Sep 2018
First Registration Date:	03 Sep 2018
Transfer Count:	0
Actual ARF Paid:	\$11,699.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Sep 2026
PARF Rebate Amount:	\$8,774.00

Intended COE Rebate Details

COE Expiry Date:	02 Sep 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,872.00
COE Rebate Amount:	\$15,683.00
Total Rebate Amount:	\$24,457.00

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 27 Oct 2021

OK

RE: DOA 15.10.2021 SHC1041P with your insured GBK5838K ERGO Claim:
CDMCG21001569-001

ERGO Insurance Pte. Ltd. (Claims Department) <claims@ergo.com.sg>
Mon 18/10/2021 10:33 AM

To: Loke Wei Yieng <LokeWY@sparkcarcare.com>; SUR <sur@lkkauto.com>

Cc: Jumanibm <jumanibm@cdge.com.sg>; Phoebe Xie <phoebe.xie@ergo.com.sg>

CAUTION : This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment unless you know the sender.

Dear LKK,

Please conduct this survey request.

(Note: Survey vehicle only, LOD will be handled by Ergo)

Kindly inform us if you are not able to attend it.
Thank you.

Data Classification: Confidential, C3

Warmest Regards,
Zheng HanYang
ERGO Insurance Pte. Ltd.

8 Temasek Boulevard, #04-01 Suntec Tower Three
Singapore 038988
DID.: +65 6829 9176
hanyang.zheng@ergo.com.sg

ERGO

A Munich Re company

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.



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From: Loke Wei Yieng <LokeWY@sparkcarcare.com>
Sent: Monday, 18 October 2021 8:12 am
To: ERGO Insurance Pte. Ltd. (Claims Department) <claims@ergo.com.sg>
Cc: Jumanibm <jumanibm@cdge.com.sg>
Subject: Re: DOA 15.10.2021 SHC1041P with your insured GBK5838K

Hi Sir,

Pls appoint LKK to conduct survey.

Thanks & regards,

Ms. Loke YY
Loyang Accident Repair
ComfortDelgro Engineering Pte Ltd
DID: 62148355



From: ERGO Insurance Pte. Ltd. (Claims Department) <claims@ergo.com.sg>
Sent: Sunday, 17 October 2021 6:47 PM
To: Loke Wei Yeng <LokeWY@sparkcare.com>
Cc: Jumani Bin Masudin <jumanibm@cdge.com.sg>
Subject: FW: DOA 15.10.2021 SHC1041P with your insured GBK5838K

CAUTION : This email originated from an external party outside ComfortDelgro. Do not click on links or open attachment unless you know the sender.

Dear Sir/Mdm

We would like to conduct a PRI survey, please refer to our list of surveyors :

Survey Company	Surveyor Name
Priority Services	Jeffrey Ong
ALAX	Billy
Autoprobe	Tay Beng Hee
Perfect Automobile	Gary Chuah
AIS	Looi
FTA	Gary Soon
IAS	Edward
JPk	Anthony
LKK	Bryan

Data Classification: Confidential, C3

Warmest Regards,
Zheng HanYang
ERGO Insurance Pte. Ltd.

8 Temasek Boulevard, #04-01 Suntec Tower Three
Singapore 038988
DID : +65 6829 9176

hanyang.zheng@ergo.com.sg



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report accurately 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. The 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 claim notification must 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 for record.

ACCIDENT STATEMENT

Date of Submission	15/10/2021 17:41 (SGT)
Date of Accident	15/10/2021 13:25 (SGT)
Exact Location of Accident	Loyang Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1041P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	lleeisley@ccqglaxi.com.sg
Mobile Phone No	(Phone) +65-90622270
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	VFXJP2419138
Cover Note Number	-

DRIVER

Name of Driver	CHOO LAM KOON
NRIC No	SXXXXX954F

Accident report S10421AF000K

Date Of Birth	24/10/1968
Occupation	Outdoor
Date Of Driving Pass	19/09/2006
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90622270
Alt. Phone Number	-
Email Address	llecisaleiy@cdglaxi.com.sg
Address	50 BUKIT BATOK STREET 31 #09-01
Postcode	659442
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hitor
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 - Change/cross lane
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) 1

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

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 15/10/2021 AT ABOUT 13:25HR, 1 WAS DRIVING VEHICLE A (SHC1041P) ALONG LOYANG WAY, WHILE TRAVELLING STRAIGHT ON FIRST LANE, VEHICLE B (GBK5838K) WHICH WAS ON SECOND LANE, CUT INTO MY LANE HIT ONTO VEHICLE A LEFT SIDE MIRROR AND BACK TO HIS LANE. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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	GBK5838K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Contact Number	(Phone) +65-84280228
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:

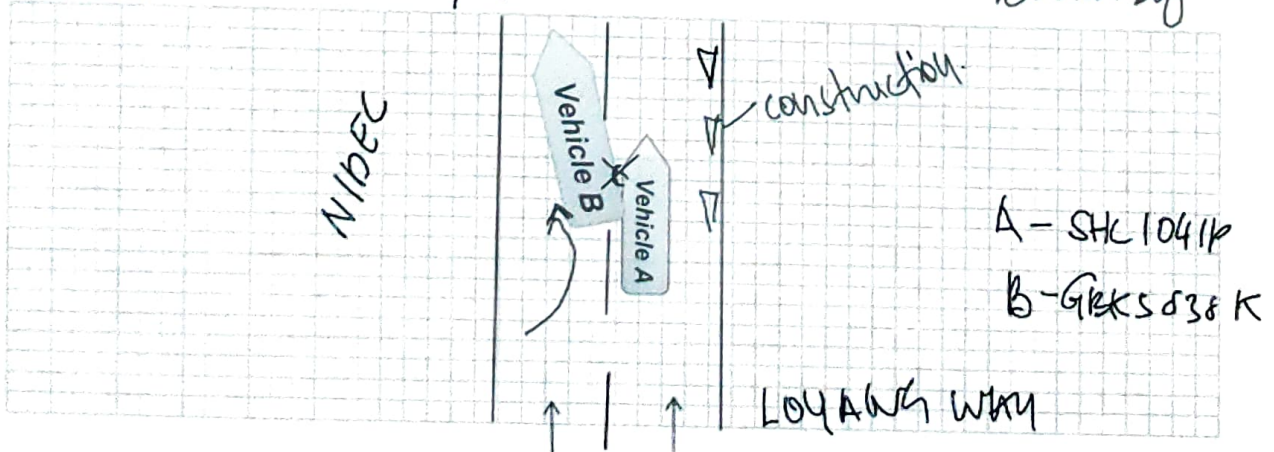
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 15/10/2021 AT ABOUT 13:25HR, I WAS DRIVING VEHICLE A (SHC1041P) ALONG LOYANG WAY. WHILE TRAVELLING STRAIGHT ON FIRST LANE, VEHICLE B (GBK5838K) WHICH WAS ON SECOND LANE, CUT INTO MY LANE HIT ONTO VEHICLE A LEFT SIDE MIRROR AND BACK TO HIS LANE. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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