Surveyor: Thevan | ... Ntuc NS/INC21010866/Vuc

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHA 8365U

at Workshop m/s

of

Insured: GBG 1708A

Policy No

Claims No: MT/1148886-001

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. 3 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. SHA8365U ✓ Yr Regn: 22/10/19

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

Make: Hyundai ioniq c.c 1580

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

Sp.Reading: 292832 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC851CVLU180578

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

L/Bal. 5 mm

Rear

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 14/10/21

D.O.I. 15/10/21 / 615

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: 28236
	Confirmed P/P $2813.18; 3 repair days
	(RED $4045.90; 59%)

Date/Time File Pass to? [ ] : Prell. Report

25/10 TYPIST [ST] : Final Report

Date/Time File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Inve ($)

[ ] : Weekend ($)

Report Forms: TP

[redacted] / UBJ: $2813.18

Survey Fee:

Transportation:

__S + RS. __SI

Photos

Others

TOTAL

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA8365U

Make : HYUNDAI

Model : IONIQ(G3)

Date: 14/10/2021

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount	
1	REAR BUMPER COVER			$459.40	Xr
10	REAR BUMPER CLIPS			$22.00	✓nec
1	REAR BUMPER CENTRE MOULDING ASSY			$451.25	✓scr
1	REAR BUMPER REINFORCEMENT			$394.80	?.
1	REAR BUMPER REINFORCEMENT BRACKET LH RH		$138.10	$276.20	?.
1	REAR BUMPER LOWER CTR MOULDING			$155.00	Xr
1	REAR BUMPER TOWING COVER			$98.80	✓scr
1	REAR BUMPER FOG LAMP			$201.50	Xsvc
1	LICENCE LAMP			$85.30	Xsvc
1	ANTHENNA SMARTKEY			$40.50	?.
1	BOOTLID			$2,480.40	Xr
1	BOOTLID HYUNDAI PLATE			$24.30	✓nec
1	EMBLEM HYBRID			$24.30	✓nec
1	EMBLEM – IONIQ			$31.30	✓nec
1	REAR PANEL			$532.00	?.
1	REAR PANEL GARNISH			$346.80	Xsvc
	SUB TOTAL			$5,623.85	
	LESS 20%			$1,124.77	
	DISCOUNTED TOTAL			**$4,499.08**	
1	REAR BUMPER RUBBER MAT			$50.00	Xsvc
1	REAR NUMBER PLATE WITH TRIM COVER	-10.00%		$55.00	✓mis/cra
1	BOOTLID COMFORT TEL NO STICKER			$35.00	✓nec
1	BOOTLID COMFORT LOGO STICKER			$30.00	✓nec
1	BOOTLID COMFORT APP STICKER			$30.00	✓nec
1	REAR BUMPER REVERSE SENSOR	-10.00%		$180.00	✓cat
				$380.00	
	Labour Charge				
	PANEL BEATING			$1,100.00	700
	SPRAY PAINTING CHARGE			$750.00	500
	CHK ALL LIGHTING			$50.00	20
	REMOVE/REFIX REVERSE SENSOR			$80.00	30
	TOTAL LABOUR			**$1,980.00**	
	ESTIMATE TOTAL			**$6,859.08**	

LKK Auto Consultants to 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:

Thevan@lkkauto.com
82235769
15 19/10/21 1615
3days up
P/P bfr paint photo

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.

« Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	8[illegible]G

Vehicle Details

Vehicle No.:	SH[illegible]5U
Vehicle to be Scrapped:	No
Intended Deregistration Date:	21 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV PL 1.6 DCT
Primary Colour:	Yellow
Manufacturing Year:	2019
Engine No.:	G4LE[illegible]376318
Chassis No.:	KMH[illegible]CVLU180578
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	$25,648.00
Original Registration Date:	22 Oct 2019
First Registration Date:	22 Oct 2019
Transfer Count:	0
Actual ARF Paid:	$13,188.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Oct 2027
PARF Rebate Amount:	$9,891.00

Intended COE Rebate Details

COE Expiry Date:	21 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	6
POP Paid:	$24,460.00
COE Rebate Amount:	$18,345.00
Total Rebate Amount:	**$28,236.00**

Message

Please note that the 5-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 21 Oct 2021

OK

OMFORTDELGRO
NGINEERING

ComfortDelGro Engineering Pte Ltd
Workshops

Date/Time: 14.10.2021 16:21 Page : 1

am: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: 4129909 JC NO305490588

OMER

S CITYCAB PTE LTD
OMER NO. 7010070
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

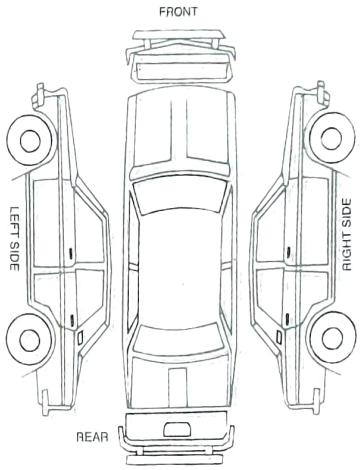
OUNT CARD NO.

REGN NO.:	MILEAGE
SHA8365U	
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 14.10.2021 14:35
YR OF MANU. 22.10.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU180578	COMPLETION DATE/TIME:

JOB DESCRIPTION

:cident Date: 14.10.2021
ATURE: 3P 14.10.2021

'NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHA8365U YY

of Service Advisor Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA8365U

Name of Service Advisor Date

To be kept by Security Guard

SJ0421AE000G / JP Knights Pte Ltd
ENTRY DATE & TIME: 14/10/2021 18:33 (SGT)
SUBMITTED BY: Suria
VERSION: 1 (14/10/2021 18:33 (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 witholding 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	14/10/2021 18:33 (SGT)
Date of Accident	14/10/2021 14:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8365U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-93734505
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/P2419140
Cover Note Number	-

DRIVER

Name of Driver	TAY KIM TECK
NRIC No	SXXXX869C

Date Of Birth	24/10/1957
Occupation	Outdoor
Date Of Driving Pass	31/01/1979
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93734505
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 921 HOUGANG STREET 91 #10-23
Address complement	-
Postcode	530921
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?	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 14/10/2021 AT ABOUT 14:00HRS, I WAS DRIVING VEHICLE A (SHA8365U) ALONG CTE TOWARDS PIE. WHILE STATIONARY DUE TO TRAFFIC, VEHICLE B (GBG1708A) COLLIDED ONTO VEHICLE A REAR BUMPER. I SUSTAINED NECK PAIN DUE TO THE IMPACT.

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	GBG1708A
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-91272363
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	TAY KIM TECK
Gender	Male
Phone No	(Phone) +65-93734505
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK
Injured person in which vehicle?	SHA8365U
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 w ilful misrepresentation or w ithholding 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 w ill be form arded 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 w ill 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, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

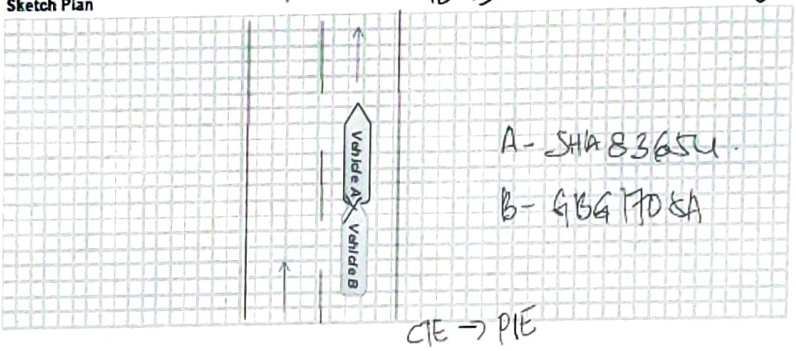
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 14/10/21 - 1541H

Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 14/10/2021 AT ABOUT 14.00HRS, I WAS DRIVING VEHICLE A (SHA836SU) ALONG CTE TOWARDS PIE. WHILE STATIONARY DUE TO TRAFFIC, VEHICLE B (GBG1708A) COLLIDED ONTO VEHICLE A REAR BUMPER. I SUSTAINED NECK PAIN DUE TO THE IMPACT.

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 14/10/21 - 15:45H

Witnessed by Reporting Centre Personnel