

(08/11/13) wef
ASS. REC. BY: *Ram*

REF: NS/INC21010962/R1qc

821R

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. MT/1149902-001

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 Rpt: _____ 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: _____

Date / Time Action / Instruction

03/11/21@9.11am Rasul finalised with Mr Chiang final fig \$3905.78, 3 days. (Red \$237.50, 6%)

Veh No: SHA 7747H Yr Regn: 2021 SEP
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HYUNDAI KE10M16 1-6DCT c.c. 1580

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

Sp. Reading: 5372 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCR51CVLU195021

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: _____

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MG / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 22/10/21

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 28/10/21

COMFORT Lodge

0/2 FR

Date/Time, File Pass to?

☐

: Prell. Report

1) 03/11 Typist

☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Report Format : TP

Lump Sum / I.B.I. (\$ 3905.78)

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

) S + RS, SI

) Photos

) Others

TOTAL

REPAIR ESTIMATE*

VEHICLE NO SHA7747H

DATE 22.10.21

MAKE

MODEL : HYUNDAI IONIQ G3

CHIANG/NTUC

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|--|------|------------|-------------------|
| 1 | FRONT RH WING MIRROR HP SCR ✓ | | | \$1,391.70 |
| 1 | FRONT HEAD LAMP RH HP SCR ✓ | | | \$1,993.65 |
| | SUB TOTAL | | | \$3,385.35 |
| | LESS 20% | | | \$677.07 |
| | DISCOUNTED TOTAL | | | \$2,708.28 |
| 1 | FRONT DOOR COMFORT STICKER HP ✓ | | | \$75.00 |
| | | | | \$75.00 |
| | Labour Charge | | | |
| | Panel Beating | | | 350 \$400.00 |
| | Spray Painting Charge | | | 750 \$900.00 |
| | Check Lighting and Wiring | | | 30 \$60.00 |
| | TOTAL LABOUR | | | \$1,360.00 |
| | ESTIMATE TOTAL | | | \$4,143.28 |

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:

Rasul
Hp 90010068
3 days
P/P
25/10/21 @ 1605
Resurvey before ~~resurvey~~ paint

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.

Date/Time: 25.10.2021 11:27

Page : 1

m: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4132848

JC NO 305491951

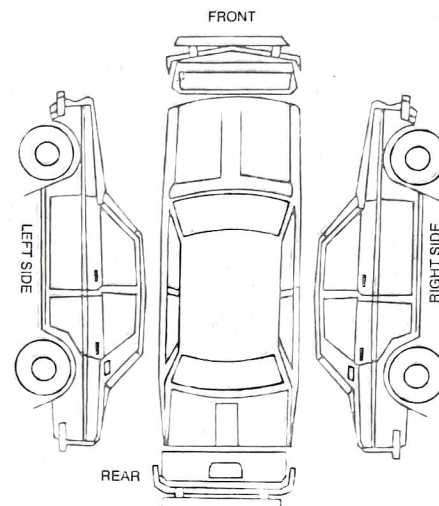
| | | |
|--|---|---|
| OWNER COMFORT TRANSPORTATION PTE LTD | REGN NO.: SHA7747H | MILEAGE |
| STOMER NO. 7010045 | MAKE: HYUNDAI | FUEL E.....1/2.....F |
| DRESS 383 SIN MING DRIVE | MODEL IONIQ(G3) | DATE/TIME IN 25.10.2021 10:00 |
| Singapore SINGAPORE 575717 | YR OF MANU. 28.09.2021 | TARGET DATE |
| 65508755 (O) | CHASSIS CODE KMHC851CVLUJ195021 | COMPLETION DATE/TIME: |
| SCOUNT CARD NO. | | |

JOB DESCRIPTION

Accident Date: 22.10.2021

NATURE: 3P 22.10.2021

| | | |
|------|------------|-------------|
| S/NO | LABOR CODE | DESCRIPTION |
|------|------------|-------------|



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA7747H**
CHIANG

Vehicle No.: **SHA7747H**

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 22/10/2021 17:01 (SGT)
Date of Accident 22/10/2021 09:30 (SGT)
Exact Location of Accident 342 Ubi Ave 1, Block 342, Singapore 400342
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7747H
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) +65-91002000
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 CHUA TECK HIONG
NRIC No SXXXX395I

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

27/03/1966
 Outdoor
 09/03/1984
 37 YEARS AND 7 MONTHS
 Male
 (Phone) +65-91002000
 -
 fleetsafety@cdgtaxi.com.sg
 BLK 97 BEDOK NORTH AVENUE 4 #07-1511
 -
 460097
 No
 Hirer
 No
 -
 -

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? 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 THE 22/10/2021 AT AROUND 0930HRS, I VEHICLE A (SHA7747H) WAS GOING TO ENTER THE CARPARK OF BLK 342 UBI AVE 1. VEHICLE B (GBK8233K) WAS EXITING OUT FROM 342 UBI AVE 1 BUT HE WAS TAILGATING A MOTORCYCLIST AND VEHICLE C (BARRIER) FELL ON MY RIGHT SIDE OF TAXI AND GRAZED MY CAR. NO ONE WAS INJURED AT THAT POINT OF TIME.

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 GBK8233K
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number
 Vehicle Manufacturer BARRIER
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category -
 Name of Driver NA / Unknown
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

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

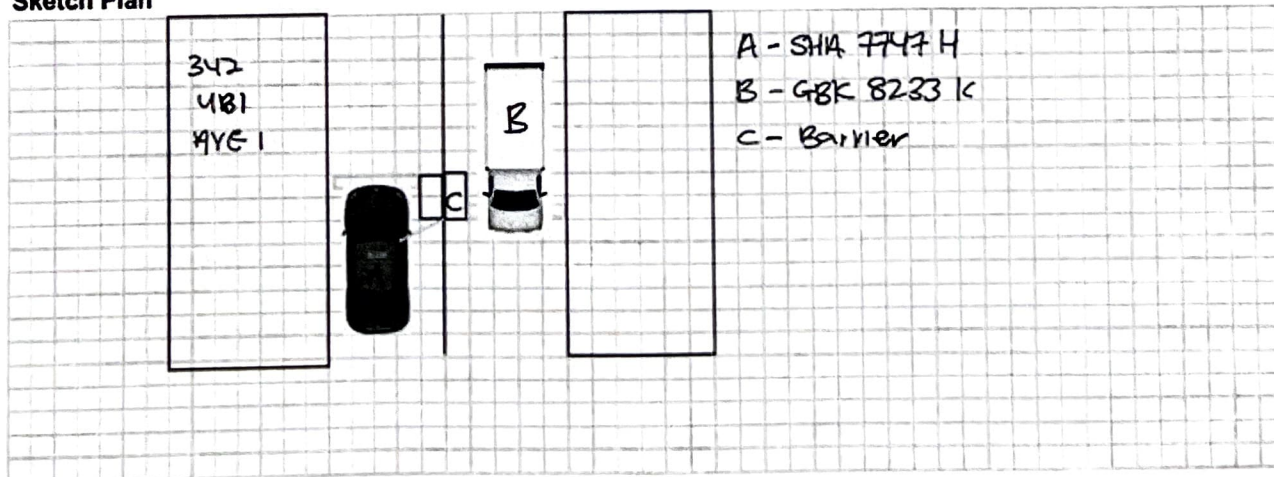
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

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 THE 22/10/2021 AT AROUND 0930HRS, I VEHICLE A(SHA7747H) WAS GOING TO ENTER THE CARPARK OF BLK 342 UBI AVE 1. VEHICLE B(GBK8233K) WAS EXITING OUT FRKM 342 UBI AVE 1 BUT HE WAS TAILGATING A MOTORCYCLIST AND VEHICLE C(BARRIER) FELL ON MY RIGHT SIDE OF TAXI AND GRAZED MY CAR. NO ONE WAS INJURED AT THAT POINT OF TIME.

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 22/10/2021 1106

Witnessed by Reporting Centre Personnel

Rahma

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------|-------------------------|
| Owner ID Type: | Company |
| Owner ID: | 821R |
| Vehicle No: | SHA7747H |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 26 Oct 2021 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | AE IONIQ HEV FL 1.6 DCT |
| Primary Colour: | Blue |
| Manufacturing Year: | 2019 |
| Engine No: | GALEKU431586 |
| Chassis No: | KMHC851CVLU195021 |
| Maximum Power Output: | 103.6 kW (138 bhp) |
| Open Market Value: | \$25,262.00 |
| Original Registration Date: | 28 Sep 2021 |
| First Registration Date: | 28 Sep 2021 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$5,000.00 |

| | |
|-------------------------------|-------------|
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 27 Sep 2029 |
| PARF Rebate Amount: | \$3,750.00 |

| | |
|----------------------|--------------------------------------|
| COE Expiry Date: | 27 Sep 2029 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$37,364.00 |
| COE Rebate Amount: | \$36,987.00 |
| Total Rebate Amount: | \$40,737.00 |

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 26 Oct 2021

OK