

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

REF: NS/INC21010965/R1tc

8212

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/1148904-002

Sum Insured:

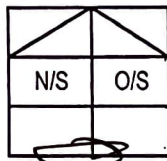
Excess:

(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 Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 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:

SHB 6604m

Yr Regn: 2019 / APR

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

Truck / Trailer or

Make:

HYUNDAI ELANTRA 1.6 DCT c.c 1580

Colour

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading

367611

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH0831 CVKU141884

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:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

WESTLAK

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

22/10/21

D.O.I.

25/10/21

Survey held at

COMFORT LOMAH

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

Finalised amount of \$ 1000 / 3 days of lump sum repair is confirmed
RED: 1607.48;61%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

) : S + RS, SI

☐ : Interview (\$

) Photos

☐ : Tech. Invs (\$

) Others

☐ : Weekend (\$

)

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

REPAIR ESTIMATE

LKK -

DATE: 25.10.21INSURANCE: NTUC *CHS*MODEL: Hyundai IoniqMVA: LIM T SVEHICLE NO.: SHB6604M

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper ?	1		\$459.40
	Rear Bumper Reinforcement ?	1		\$394.80
	Rear Bumper Reinforcement Bracket LH ?	1		\$138.10
	Rear Bumper Centre Moulding Assy <i>SCA</i>	1		\$451.25
	Rear Bumper Lower Centre Moulding Assy <i>X</i>	1		\$155.00
	Rear Bumper Tow Cover <i>X</i>	1		\$98.80
	Rear Bumper Cover Clips <i>new</i>	10	\$2.20	\$22.00
	SUB TOTAL			\$1,719.35
	LESS 20%			\$343.87
	DISCOUNTED TOTAL			\$1,375.48
	Rear Bumper Reverse Sensor ?	1		\$180.00
	SUB S/NETT			\$180.00
	LESS 10%			\$18.00
	SUB S/NETT TOTAL			\$162.00
	Rear Fender Adv. Sticker RH / LH <i>new</i>	2	\$100.00	\$200.00
	Rear Bumper Mat <i>SCA</i>	1		\$50.00
	NETT TOTAL			\$250.00
	SPARE PARTS TOTAL			\$1,787.48
	Labour Charge			
	Panel Beating		<i>350</i>	\$400.00
	Spray Painting Charge		<i>250</i>	\$300.00
	Remove/Refix Reverse Sensor		<i>40</i>	\$120.00
	TOTAL LABOUR			\$820.00
	ESTIMATE TOTAL			\$2,607.48

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.

- 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
Up 90010068
3 days
L/S
25/10/21 @ 1620
Resy after repair

Date/Time: 25.10.2021 13:36

Page : 1

JOB CARD Sales Order: 4132877

JC NO305491958

am: ARC Repair TP(CLS0)1

OMER

COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

OUNT CARD NO.

REGN NO.:
SHB6604M

MILEAGE

MAKE :
HYUNDAI

FUEL
E.....1/2.....F

MODEL
IONIQ(G2) 25.10.2021 11:45

DATE/TIME IN

YR OF MANU.
02.04.2019

TARGET DATE

CHASSIS CODE
KMHC851CVKU141584

COMPLETION DATE/TIME:

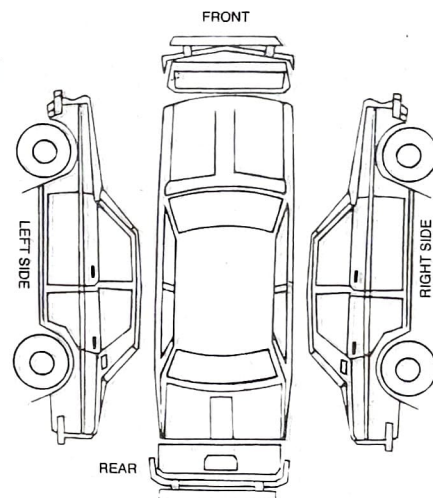
JOB DESCRIPTION

Accident Date: 22.10.2021

ATURE: 3P 22.10.2021

NO LABOR CODE
0010 PB

DESCRIPTION
PANEL BEATING-SHB6604M



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: **SHB6604M**

LIMITS

Vehicle No.:
SHB6604M

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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 18:32 (SGT)
Date of Accident 22/10/2021 13:50 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB6604M

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) +65-93871188
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 YIOW AH KOK
NRIC No SXXXX744D

Date Of Birth 15/10/1962
 Occupation Outdoor
 Date Of Driving Pass 20/12/1982
 Driving experience 38 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-93871188
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 531 CHOA CHU KANG STREET 51 #08-315
 Address complement -
 Postcode 680531
 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 5
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name UNKNOWN
 Gender Female

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 1350HRS, I VEHICLE A (SHB6604M) WAS TRAVELLING ALONG CTE TOWARDS AYE ON THE FIRST LANE. MY SPEED WAS AROUND 30KM/HR AS IT WAS CONGESTED. SUDDENLY THE FRONT VEHICLE JAM BRAKE AND I JAM BRAKE TOO TO AVOID COLLISION BUT THEN I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B (SMF7507Z) HAS REAR ENDED ME FOLLOWING VEHICLE C (SMZ2827M) THEN VEHICLE D (SMG4965Z) AND ENDING WITH VEHICLE E (SNA7788T). 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 SMF7507Z
 Vehicle Manufacturer -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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	SMX2827M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 3

Vehicle Registration Number	SMG4965Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 4

Vehicle Registration Number	SNA7788T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-

Amount of property damaged in accident
Of Passenger (Including Driver)

-
1

IMPORTANT NOTICE

- 8. Consent under the Personal Data Protection Act (PDPA)**

(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.

A - SHB 6604 M
 B - SMF 7507 Z
 C - SMX 2827 M
 D - SMCr 4965 Z
 E - SNA 7788 T

CTE (AVE)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	821R
Vehicle No.:	SHB6604M
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEJU192088
Chassis No.:	KMHC851CVKU141584
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,845.00
Original Registration Date:	02 Apr 2019
First Registration Date:	02 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$11,783.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Apr 2027
PARF Rebate Amount:	\$8,837.00
COE Expiry Date:	01 Apr 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,940.00
COE Rebate Amount:	\$14,220.00
Total Rebate Amount:	\$23,057.00

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