

REC BY: Thavan

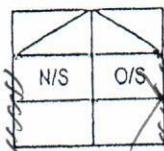
NS/INC21011066/Vqc

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/1148295-002
 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: 3 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: SHC3587T ✓ Yr Rogn: 23/1/20
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai ioniq c.c 1580
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 12629.9 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: km+k85/culu190367
 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. 18/10/21 D.O.I. 18/10/21 1645
 Survey held at Comfort
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
rear N/S
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>rebate: 29436</u>
<u>29/10/21</u>	<u>Thevan finalised with Ms Loke final fig \$3012.16, 3 days. (Red \$1994.64, 40%)</u>

Date/Time. File Pass to?

02/11 Typist

Date/Time. File Return to?

☐ : Prell. Report
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS. \$

Finish

Oliver

TOTAL

Report Form 1

TP

3012.16

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC3587T

Date: 18/10/2021

Veh Reg Date: 23.01.2021

Insurance: NTUC

Make : HYUNDAI

MVA: MS. LOKE YY

Model : IONIQ(G2)

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR FENDER LH			\$1,768.30
1	REAR DOOR LH			\$1,789.90
1	REAR DOOR OUTER MOULDING			\$125.30
				\$3,683.50
				\$736.70
				\$2,946.80
				\$80.00
				\$80.00
				\$1,050.00
				\$600.00
				\$60.00
				\$120.00
				\$150.00
				\$1,980.00
				\$5,006.80

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

18/10/21 1645

P/p after repair photo

3 days 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: 821R

Owner ID:

Vehicle Details

Vehicle No.: SHC3587T

Vehicle to be Exported: No

Intended Deregistration Date: 27 Oct 2021

Vehicle Make: HYUNDAI

Vehicle Model: AE IONIQ HEV FL 1.6 DCT

Primary Colour: Blue

Manufacturing Year: 2019

Engine No.: G4LEKU410413

Chassis No.: KMHC851CVLU190367

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: \$20,186.00

Total Rebate Amount: \$29,436.00

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

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	18/10/2021 19:35 (SGT)
Date of Accident	18/10/2021 08:25 (SGT)
Exact Location of Accident	Toh Guan Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3587T
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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) +65-97836818
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	ONG TAI CHAU
NRIC No	SXXXX257Z

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

20/07/1999
Outdoor
19/07/1973
48 YEARS AND 3 MONTHS
Male
(Phone) +65-97836818
-
fleetsafety@cdgtaxi.com.sg
BLK 111 BISHAN STREET 12 #02-162
-
570111
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Side Swipe
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) 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 18/10/21 AT ABOUT 0825HRS I WAS DRIVING VEHICLE A (SHC3587T) ALONG TOH GUAN ROAD EAST WITH ONE MALE PASSENGER.I WAS AT RIGHT LANE,AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B (GBJ7976L) TURN INTO MY LANE AND GRAZED ONTO MY VEHICLE LEFT SIDE.EXCHANGED CONTACT NUMBER ONLY.NO INJURIES AT 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 GBJ7976L
Vehicle Manufacturer -

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-91176467
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

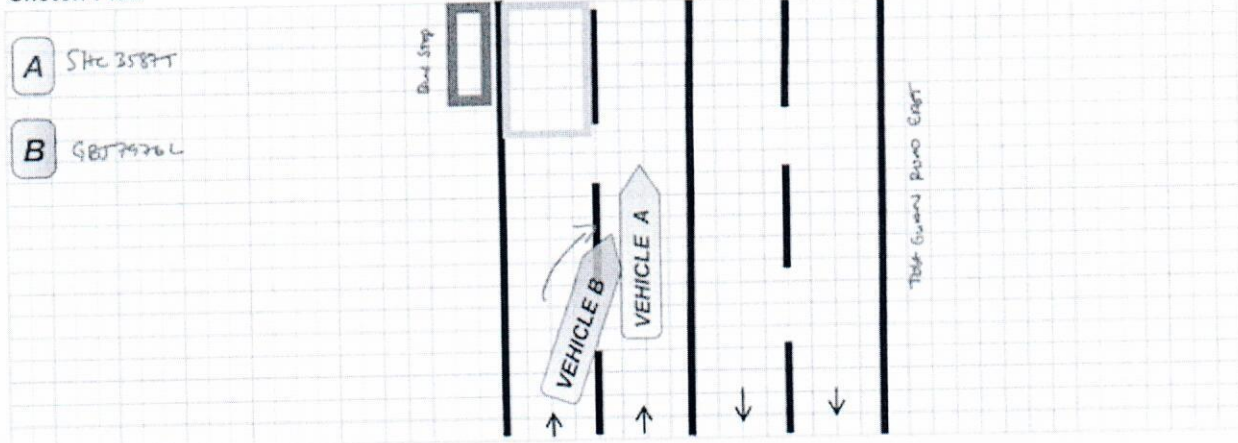
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 18/10/21 AT ABOUT 0825HRS I WAS DRIVING VEHICLE A SHC3587T ALONG TOH GUAN ROAD EAST WITH ONE MALE PASSENGER. I WAS AT RIGHT LANE, AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B GBJ7976L TURN INTO MY LANE AND GRAZED ONTO MY VEHICLE LEFT SIDE. EXCHANGED CONTACT NUMBER ONLY. NO INJURIES AT 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

Witnessed by Reporting Centre Personnel

18/10/21 11:50 AM

BMG

Date/Time: 18.10.2021 13:53

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4130615

JC NO305491250

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

REGN NO.: SHC3587T	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 18.10.2021 11:20
YR OF MANU. 23.01.2020	TARGET DATE
CHASSIS CODE KKMHC851CVLU190367	COMPLETION DATE/TIME:

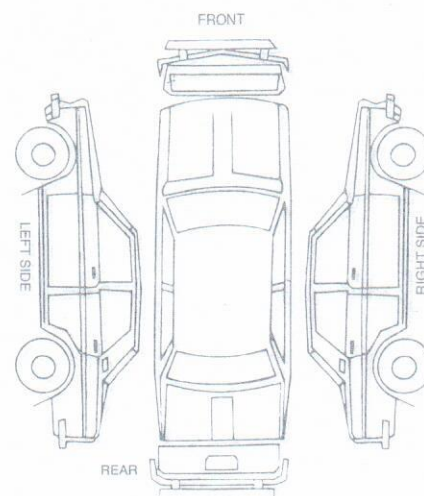
JOB DESCRIPTION

Accident Date: 18.10.2021
NATURE: 3P 18.10.2021

/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: **SHC3587T**

YY

Vehicle No.:

SHC3587T

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard