

REG BY: Thevan

NS/INC21011067/Vvc

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: **SGR 4892M**

Policy No. _____

Claims No. **MT/1148151-002**

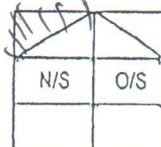
Sum Insured: _____ Excess: _____

(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. 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: **SHC1888m**

Yr Regn: **14/7/18**

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

Truck / Trailer or

Make: **Hyundai ionic electric** c.c. **84kw**

Colour: **blue** A/C: Insured / Std / NI / NA

Sp. Reading: **batt flat** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **hmt1c851Hy 34021909**

Gen. Cond: Good / Fair / Poor / Burnt

Sleering: 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. 16/10/21

D.O.I. 18/10/21 1600

Survey held at **Comfort**

Des. of Damages: **Frt** / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time Action / Instruction

rebate: **24661**

29/10/21 Thevan confirmed LS \$4900 (Red 2314.68, 32%)

Date/Time, File Pass to?

☐ : Prelim. Report

1)

☐ : Final Report

Date/Time, File Return to?

1/11/21-typist

Days Of Repair: **3**

Resurvey No. of Trlp: **1**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : W&S end (\$

Survey Fee:

Transportation:

___ \$ + RS. ___ \$

Prints

Others

Report Form: TP

Loss Sum / B.E. : **LS \$4900**

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SHC1888M
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	IONIQ AE EV
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	-
Chassis No.:	KMHC851HUJU021909
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$33,912.00
Original Registration Date:	19 Jul 2018
First Registration Date:	19 Jul 2018
Transfer Count:	0
Actual ARF Paid:	\$9,477.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Jul 2026
PARF Rebate Amount:	\$7,107.00

Intended COE Rebate Details

COE Expiry Date:	18 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$29,732.00
COE Rebate Amount:	\$17,554.00
Total Rebate Amount:	\$24,661.00

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	16/10/2021 20:51 (SGT)
Date of Accident	16/10/2021 11:45 (SGT)
Exact Location of Accident	Race Course Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1888M
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) +65-85221223
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	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	1600

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	KWEK SEOW KIAT
NRIC No	SXXXX137Z

Date Of Birth	22/12/1951
Occupation	Outdoor
Date Of Driving Pass	13/10/1971
Driving experience	50 YEARS
Gender	Male
Mobile Number	(Phone) +65-85221223
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 10 LORONG 7 TOA PAYOH #14-205
Address complement	-
Postcode	310010
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 - Opening Door of Vehicle
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

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 16/10/2021 AT AROUND 1145HRS, I VEHICLE A(SHC1888M) WAS TRAVELLING ALONG RACE COURSE ROAD. TRAFFIC IS HEAVY. AS I WAS DRIVING, VEHICLE B(SGR4892M) WHO WAS PARKED ON THE LEFT OPENED HIS DOOR WITHOUT CHECKING RESULTING IN ME COLLIDING WITH VEHICLE B DOOR. 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	SGR4892M
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

SKETCH PLAN

IMPORTANT NOTICE

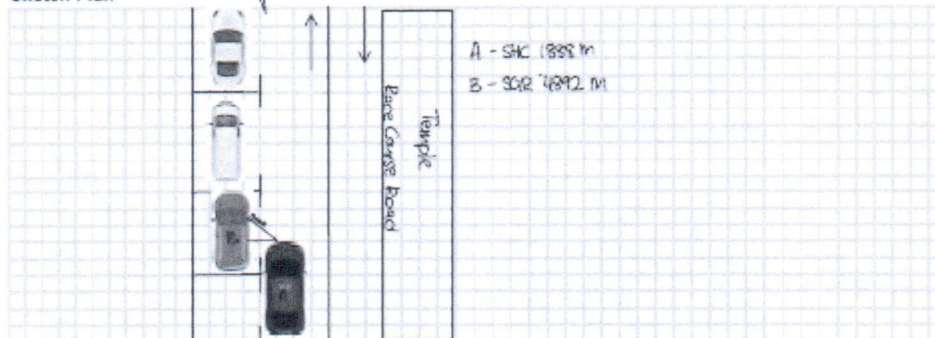
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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' law firms/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' law firms/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 firms/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 16/10/2021 AT AROUND 1145HRS, I VEHICLE A(SHC1888M) WAS TRAVELLING ALONG RACE COURSE ROAD. TRAFFIC IS HEAVY. AS I WAS DRIVING, VEHICLE B(SGR4892M) WHO WAS PARKED ON THE LEFT OPENED HIS DOOR WITHOUT CHECKING RESULTING IN ME COLLIDING WITH VEHICLE B DOOR. 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 16/10/2021 1300

Witnessed by Reporting Centre Personnel

Date/Time: 18.10.2021 13:46 Page : 1

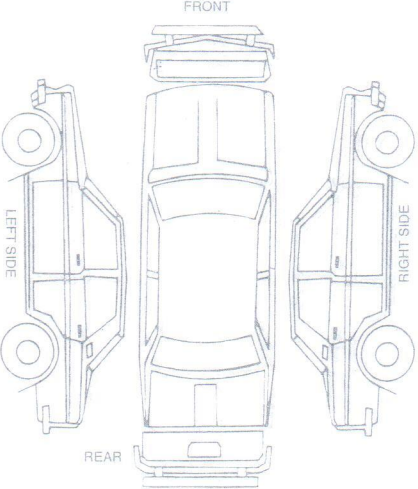
am: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 4130612 JC NO305491103

OMER	REGN NO.: SHC1888M	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010045	MODEL IONIQ EV	E.....1/2.....F
ESS 383 SIN MING DRIVE	DATE/TIME IN 18.10.2021 10:20	
Singapore SINGAPORE 575717	YR OF MANU. 19.07.2018	TARGET DATE
(R) 65508755 (O)	CHASSIS CODE KMHC851HUJU021909	COMPLETION DATE/TIME:
(P)		
UNT CARD NO.		

cident Date: 16.10.2021
TURE: 3P 16.10.2021

JOB DESCRIPTION

NO	LABOR CODE	DESCRIPTION
0010	PB	PANEL BEATING-SHC1888M



ED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

gement Slip

Exit Pass

Vehicle No.: SHC1888M

o.: SHC1888M LIMTS

Service Advisor _____ Signature/Date _____ Name of Service Advisor _____ Date _____

urned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

LKK -

INSURANCE: NTUC (L/S)MVA: LIM T SDATE: 18.10.21MODEL: Hyundai Ioniq Electric VehicleVEHICLE NO.: SHC1888M

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Frt Fender LH	1		\$588.80 ✓ Def
	Frt Fender Blue-Drive LH	1		\$26.60 ✓ n/c
	Frt Fender Shield LH	1		\$164.70 x SUC
	Frt Wheel Cap LH	1		\$346.40 ✓ scr
	Wing Mirror LH	1		\$1,391.70 ✓ cut
	Frt Bumper	1		\$430.90 ✓ cut
	Frt Bumper Clips	10	\$2.20	\$22.00 ✓ n/c
	Frt Bumper Side Bracket LH	1		\$35.00 ✓ n/c
	Headlamp LH	1		\$1,993.65 ✓ scr
	Radiator Grille	1		\$1,568.60 ✓ scr
	SUB TOTAL			\$6,568.35
	LESS 20%			\$1,313.67
	DISCOUNTED SPARE PARTS TOTAL			\$5,254.68
	<u>Labour Charge</u>			
	Panel Beating			\$800.00 700
	Spray Painting Charge			\$900.00 500
	Check Wirings / Lightings			\$40.00 20
	Tuff Kote			\$60.00 30
	TOTAL LABOUR			\$1,960.00
	ESTIMATE TOTAL			\$4,360.12

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.

Thavan @Chhanto .Com

82235769

18/10/21 1600

L/S after repair photo

3 days w/p

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:

Our Job Ref No : 305491103
Date : 27/10/21

ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : THEVAN

Vehicle Reg No. : SHC1888M

Date of Accident : 16.10.21

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SGR4892M

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

\$4,900.00

\$4,900.00

3. Estimated normal period for repairs: 3 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : THEVAN

Date : 29/10/21

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid	---	N		
3. Survey Fees	-----	--		
4. LTA Search Fee	\$7.49 /\$2.00			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:
