

REC BY: Thevan

REF: Ntuc NS/INC21011069/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/1149103-002**
 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. 2 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: **SHC7967D** ✓ Yr Rog: **30/9/20**
 Type: M. Car / M. Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai ioniq** c.c **1580**
 Colour: **107398 yellow** Insured / Std / NI / NA
 Sp. Reading: **107393** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **kmHc85/CULU194559**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **In order** / Jammed / Leaked / Burnt or _____
 Brake: **In order** / Jammed / Leaked / Burnt or _____
 Modi: Nil / **S/Rlm** / STD A/Rlm 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 Rear R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 18/10/21 D.O.I. 18/10/21/1745
 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: 32732
29/10/21	Thevan finalised with Jumani final fig \$962.32, 2 days. (Red \$100, 9%)

Date/Time File Pass to? : Prel. Report
 : Final Report
 01/11 Typist
 Date/Time File Return to?

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend

Survey Fee:	
Transportation:	
S + P.S. SI	
Prints	
Others	
TOTAL	

Report Form: TP
 962.32

NUM - (P/P)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 18.10.2021

Time: 15:23:13

REPAIR ESTIMATE

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305491253
REGN NO : SHC7967D ✓
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 30.09.2020
DATE/TIME IN : 18.10.2021 11:30
ACCIDENT DATE : 18.10.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2292-G	COVER-FR BUMPER#	1	430.90	20.00	344.72	DT
0002	04-01-0101-0111-G	BUMPER COVER CLIP REAR	10	22.00	20.00	17.60	nec
		front					
						SUB-TOTAL	: 362.32

JOB NATURE

0000	PB	PANEL BEATING		400.00		350	
0001	SP	SPRAYPAINT CHARGE		300.00		250	
						SUB-TOTAL	: 700.00
						TOTAL	: 1,062.32

Juman!

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE :

DATE :

Thuan @ Lkh auto .com
8223 5769
18/10/21 1745
P/P of bfr paint photo
2 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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	
Vehicle No.:	SHC7967D
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:	Yellow
Manufacturing Year:	2019
Engine No.:	G4LEKU390386
Chassis No.:	KMHC851CVLU184554
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,755.00
Original Registration Date:	30 Sep 2020
First Registration Date:	30 Sep 2020
Transfer Count:	0
Actual ARF Paid:	\$13,057.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Sep 2028
PARF Rebate Amount:	\$9,792.00
Intended COE Rebate Details	
COE Expiry Date:	29 Sep 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$26,512.00
COE Rebate Amount:	\$22,940.00
Total Rebate Amount:	\$32,732.00
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

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4130646

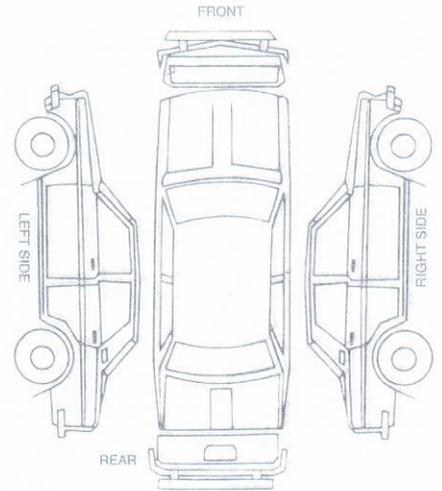
JC NO305491253

OWNER	REGN NO.: SHC7967D	MILEAGE
IS CITYCAB PTE LTD OWNER NO. 7010070	MAKE: HYUNDAI	FUEL E.....1/2.....F
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL IONIQ(G3)	DATE/TIME IN 18.10.2021 11:30
(R) 65551188 (O)	YR OF MANU. 30.09.2020	TARGET DATE
(P)	CHASSIS CODE KMHC851CVLU184554	COMPLETION DATE/TIME:
OUNT CARD NO.		

JOB DESCRIPTION

cident Date: 18.10.2021
ATURE: 3P.186.10.2021

NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: **SHC7967D** **JU NTUC**

Vehicle No.: **SHC7967D**

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	19/10/2021 14:26 (SGT)
Date of Accident	18/10/2021 10:55 (SGT)
Exact Location of Accident	Pasir Ris, Singapore
Additional Location Information	PARK OSCP E
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7967D
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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) +65-97952582
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	NEO KIM CHOON
NRIC No	SXXXX410A

Date Of Birth	21/05/1964
Occupation	Outdoor
Date Of Driving Pass	10/03/1988
Driving experience	33 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97952582
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 724 PASIR RIS STREET 72
Address complement	#04-145
Postcode	510724
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?	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 18/10/2021 AT ABOUT 1055HRS I DROVE MY VEHICLE A SHC7967D TO PASIR RIS PARK OSCP E. AS MY PASSENGER WAS ABOUT TO ALIGHT VEHICLE B YN8016H WHICH WAS IN FRONT OF MY VEHICLE A STARTED TO REVERSE. I HONK A FEW TIME BUT HE CONTINUE TO REVERSE HENCE VEHICLE B REAR COLLIDED ONTO MY VEHICLE A FRONT BONNET. NO ONE WAS INJURED. PARTICULARS EXCHANGED

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN8016H
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GOH AH TECT
-	SXXX461A
Contact Number	-
Address	BLOCK 696 HOUGANG STREET 61
Address complement	#02-46
Postcode	530696
Insurance Company Name	-
Nature Of Damage	RIGHT REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

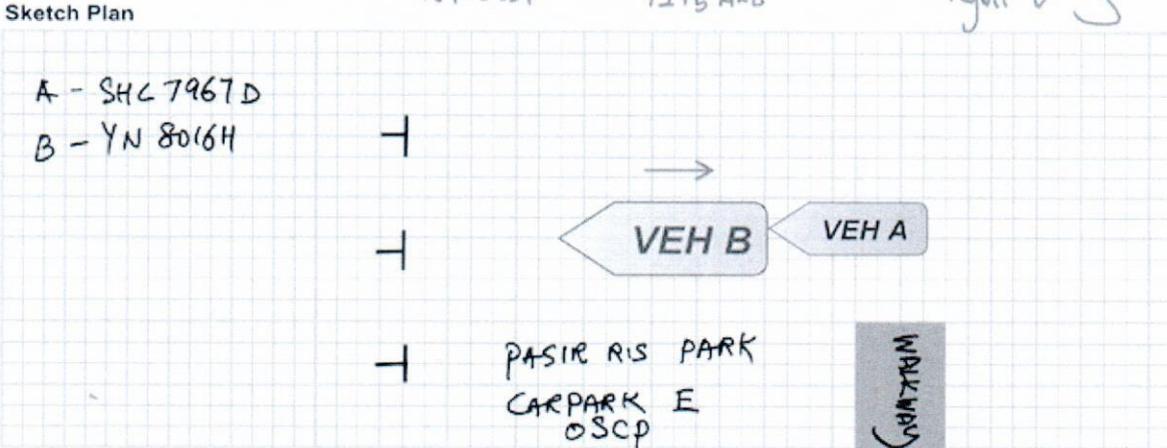
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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.

<p style="text-align: center;"><i>[Signature]</i></p> <p>Policyholder's Signature / Date & Time</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p> <p style="text-align: center;">18-10-2021 1215 HRS</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>Witnessed by Reporting Centre Personnel</p> <p style="text-align: center;"><i>[Signature]</i></p>
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Describe Circumstances of the Accident

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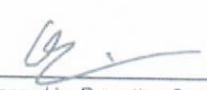
Declaration

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
18/10/2021 1220HRS



Witnessed by Reporting Centre Personnel (Sign Young)

Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time:	18 Oct 2021 / 13:28:10	Transaction Amount:	\$7.49
Asset Type:	Vehicle		
Asset ID:	YN8016H		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ECENGCC0 - GOH CHENG CHUAN ANDREW CORNELIUS	Business Transaction Reference No.:	20211018132810629418

Search Date / Time: 18 Oct 2021 10:55:00
Insurance Company: NTUC INCOME INS CO-OP LTD

Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)

[Back to List](#)