

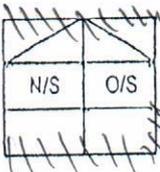
INSURED BY: Thevan

NTUC NS/INC21011070/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: **SMW 2938G**  
 Policy No. \_\_\_\_\_  
 Claims No. **MT/1148302-002**  
 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. 6 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: **SH89095** ✓ Yr Regn: **17/7/19**  
 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: **357638** T/Radlo: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **hmt/c85/cuku/64710**  
 Gen. Cond: **Good** / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / **SRIm** / 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. 17/10/21 D.O.I. 18/10/21 1800  
 Survey held at **Comfort**  
 Des. of Damages: **Frnt** / **Rear** / O/S / N/S / UIC / Rooftop or \_\_\_\_\_  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	rebate: <b>286832</b>
29/10/21	Thevan confirmed LS \$11,200 (Red 4991.85, 30%)

Date/Time File Pass to?  : Prel. Report  
 : Final Report  
 Date/Time File Return to?  
 1/11/21-typist  
 Request Formed: TP  
 Loss Sum (L.S.): LS \$11,200

Days Of Repair: **6**  
 Resurvey No. of Trip: **1**

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

Survey Fee:  
 Transportation: \_\_\_\_\_  
 S + PS: \_\_\_\_\_  
 Prints \_\_\_\_\_  
 Copies \_\_\_\_\_  
 TOTAL \_\_\_\_\_

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	821R
<b>Vehicle Details</b>	
Vehicle No.:	SH8909J
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU297765
Chassis No.:	KMHC851CVKU164710
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,367.00
Original Registration Date:	17 Jul 2019
First Registration Date:	17 Jul 2019
Transfer Count:	0
Actual ARF Paid:	\$12,514.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jul 2027
PARF Rebate Amount:	\$9,385.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	16 Jul 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$24,410.00
COE Rebate Amount:	\$17,447.00
<b>Total Rebate Amount:</b>	<b>\$26,832.00</b>
<b>Message</b>	
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 16:19 (SGT)  
Date of Accident ..... 17/10/2021 01:00 (SGT)  
Exact Location of Accident ..... Lor 39 Geylang, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SH8909J

### 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) +65-90178219  
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 LAM KING  
NRIC No ..... SXXXX274E

Occupation ..... Outdoor  
 Date Of Driving Pass ..... 11/03/1971  
 Driving experience ..... 50 YEARS AND 7 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-90178219  
 Alt. Phone Number ..... -  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... BLK 603 SENJA ROAD #25-67  
 Address complement ..... -  
 Postcode ..... 670603  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured ..... RELIEF DRIVER  
 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 ..... 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 17/10/21 AT ABOUT 0100HRS I WAS DRIVING VEHICLE A (SH8909J) ALONG LORONG 39 GEYLANG.I WAS AT THIRD LANE FROM EXTREME RIGHT AND WANTED TO FILTER INTO SECOND LANR.AS I SIGNALLED AND FILTERING SUDDENLY VEHICLE B (SMW2938G) REAR ENDED MY VEHICLE AND MY VEHICLE FRONT RIGHT COLLIDED ONTO VEHICLE C (SMU4041R) REAR LEFT WHICH WAS PARKED AT SIDE OF ROAD DUE TO THE IMPACT FROM VEHICLE B.EXCHANGED PARTICULAR WITH VEHICLE C DRIVER AND 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 ..... SMW2938G  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... 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 .....	SMU4041R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-97689339
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 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.

*Lehmy*

*[Signature]*

Policyholder's Signature / Date & Time

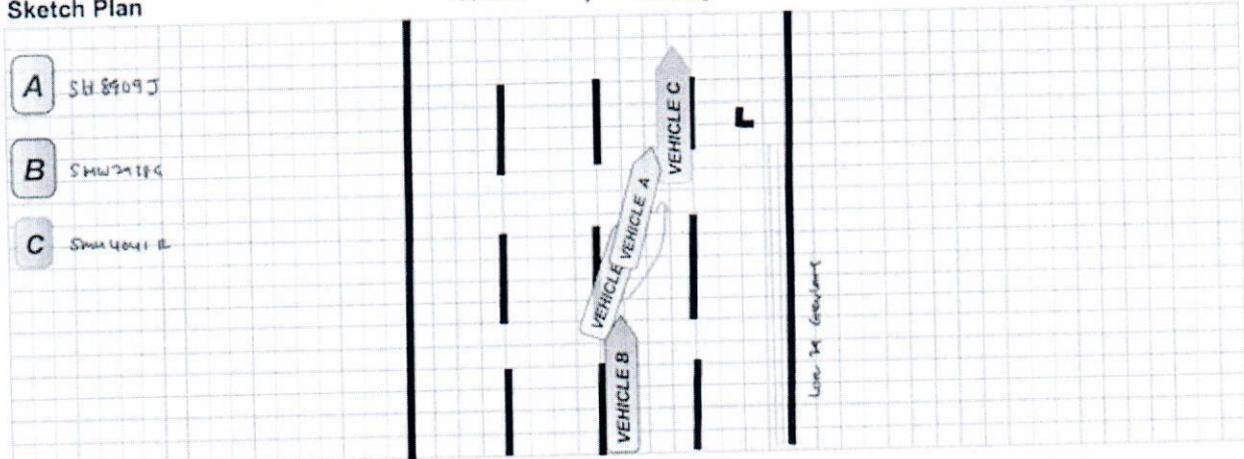
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

18/10/20 / 13:20hrs

*[Signature]*

**Sketch Plan**



Describe Circumstances of the Accident

ON 17/10/21 AT ABOUT 0100HRS I WAS DRIVING VEHICLE A SH8909J ALONG LORONG 39 GEYLANG.I WAS AT THIRD LANE FROM EXTREME RIGHT AND WANTED TO FILTER INTO SECOND LANR.AS I SIGNALLED AND FILTERING SUDDENLY VEHICLE B SMW2938G REAR ENDED MY VEHICLE AND MY VEHICLE FRONT RIGHT COLLIDED ONTO VEHICLE C SMU4041R REAR LEFT WHICH WAS PARKED AT SIDE OF ROAD DUE TO THE IMPACT FROM VEHICLE B.EXCHANGED PARTICULAR WITH VEHICLE C DRIVER AND 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

17/10/21

BMG

INSURER ENQUIRY

# Find insurer

Vehicle reg. no.

SMW2938G

Date of Accident

17/10/2021 📅

Reset

## % RESULT & RECEIPT

### TP Insurer Enquiry

Insurance ..... **NTUC Income Insurance Co-op...**  
 Period of Insurance ..... **12/11/2020 - 11/11/2021**  
 Requested By ..... **Janet Lim Siang Gek (COMFOR...**  
 Requested Date ..... **18/10/2021 13:36**

#### Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

#### General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



Date/Time: 18.10.2021 15:08

Page : 1

am: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 4130648

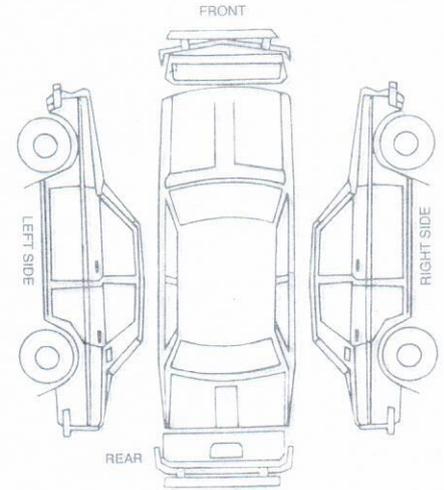
JC NO305491252

OWNER  IS COMFORT TRANSPORTATION PTE LTD OWNER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)  DUMENT CARD NO.	REGN NO.: <b>SH 8909J</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
	MODEL <b>IONIQ(G2)</b>	DATE/TIME IN <b>17.10.2021 01:00</b>
	YR OF MANU. <b>17.07.2019</b>	TARGET DATE
	CHASSIS CODE <b>KMHC851CVKU164710</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.10.2021  
 DATE OF INCIDENT: 3P.17.10.2021

NO                      LABOR CODE                      DESCRIPTION



RECEIVED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR

\_\_\_\_\_  
 CUSTOMER'S SIGNATURE

Workshop Tag/Edgement Slip

Exit Pass

No.: **SH 8909J**                      **JU NTUC**

Vehicle No.: **SH 8909J**

\_\_\_\_\_  
 Service Advisor

\_\_\_\_\_  
 Signature/Date

\_\_\_\_\_  
 Name of Service Advisor

\_\_\_\_\_  
 Date

Returned to Service Reception upon collection

To be kept by Security Guard

**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO **SH8909J** ✓  
 MAKE **HYUNDAI**  
 MODEL **IONIQ**

DATE: **18/10/2021**

MVA **JUMANI**

DOA: **17. Oct. 2021**

**NTUC**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER ASSY			\$459.40 /cut
1	REAR BUMPER CENTRE MLDG			\$451.25 /scr
1	REAR BUMPER BEAM			\$394.80 ?
1	REAR BUMPER REFLECTOR RH			\$41.45 /cra
10	REAR BUMPER CLIPS			\$22.00 /nec
1	REAR BUMPER BEAM BRACKET RH			\$138.10 ?
1	REAR BUMPER SIDE COVER RH			\$108.00 /scr/mis
1	REAR BUMPER SIDE BRACKET RH			\$55.80 /nec
1	REAR FENDER RH			\$1,768.30 /net
1	REAR FENDER AIR DUCT RH			\$87.30 /mis
1	CRU RADER SENSOR RH			\$2,910.90 ?
1	BOOTLID EMBLEM – IONIQ			\$31.30 /nec
1	BOOTLID EMBLEM – HYBRID			\$24.30 /nec
1	BOOTLID EMBLEM – H			\$28.00 /nec
1	BOOTLID COVER			\$2,480.40 /net
1	WHEEL RIM CAP			\$346.40 /scr
1	REAR TRAILING RH			\$265.40 ?
1	REAR ASSIST RH			\$227.90 ?
1	REAR S/ABSORBER RH			\$230.50 ?
1	REAR S/ABSORBER MTG RH			\$133.10 ?
1	REAR UPPER ARM RH			\$239.50 ?
1	REAR LOWER ARM RH			\$393.10 ?
1	REAR KNUNCKLE ARM RH			\$538.10 ?
1	FRT BUMPER ASSY			\$430.90 /cut
10	FRT BUMPER CLIPS			\$22.00 /nec
1	HEADLAMP ASSY RH			\$1,993.65 /cra
1	FRT BUMPER BRACKET RH			\$35.00 /nec
	<b>SUB TOTAL</b>			<b>\$13,856.85</b>
	<b>LESS 20%</b>			<b>\$2,771.37</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$11,085.45</b>
	BOOTLID COMFORT LOGO			\$30.00 NET/nec
	BOOTLID COMFORT TEL.NOS LOGO			\$30.00 NET/nec
	BOOTLID APPS LOGO			\$40.00 NET/nec
	REVERSE SENSOR			\$180.00 NET/cut
	WINDSCREEN SEALANT			\$46.00 NET/nec
	REAR NUMBER PLATE			\$50.00 NET/nec
				<b>\$376.00</b>
	<b>Labour Charge</b>			
	PANEL BEATING – FRT			\$400.00 350
	SPRAY PAINT – FRT			\$300.00 250

PANEL BEATING		\$1,200.00	1050
SPRAY PAINT		750 \$900.00	10
REMOVE/REFIX REVERSE SENSOR		\$80.00	30
CHECK WIRING		\$50.00	20
TUFF KOTE		\$50.00	20
TOWING		\$60.00	✓
REMOVE/ REFIX REAR UNDERCARRIAGE		\$150.00	✓ 3
ADJUST FOUR WHEEL ALIGN		\$100.00	✓ 60
REMOVE/REFIX REAR WINDSCREEN GLASS		\$120.00	✓
ADVERTISEMENT LOGO – BOOTLID		\$100.00	✓ nec
ADVERTISEMENT LOGO – FENDER		\$200.00	✓ nec
DIAGNOSTIC & RESETING FAULT CODE		\$150.00	50
<b>TOTAL LABOUR</b>		<b>\$3,860.00</b>	✓
<b>ESTIMATE TOTAL</b>		<b>\$15,321.45</b>	

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@lkkauto.com  
 82235769  
 18/10/21 1800  
 LIS after repair photo  
 60 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: