Asg. Rec. By: Thevan | Rec: Ntuc

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.

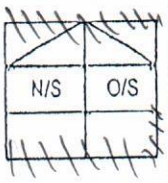
Sum Insured: Excess:

(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 Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SH8909S ✓ 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/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLC85ICUKU164710

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.	17/10/21	D.O.I.	18/10/21 1800

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: 206832

Date/Time File Pass to? : Proll. Report

1) : Final Report

Date/Time File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

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

Report Forms :

Survey Fee:

Transportation: $ + PS. $

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
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
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jul 2027
PARF Rebate Amount:	$9,385.00
Intended COE Rebate Details	
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
Total Rebate Amount:	**$26,832.00**

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

SJ0421AI0003 / JP Knights Pte Ltd
ENTRY DATE & TIME: 18/10/2021 16:19 (SGT)
SUBMITTED BY: Suria
VERSION: 1 (18/10/2021 16:19 (SGT))

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 witholding 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.

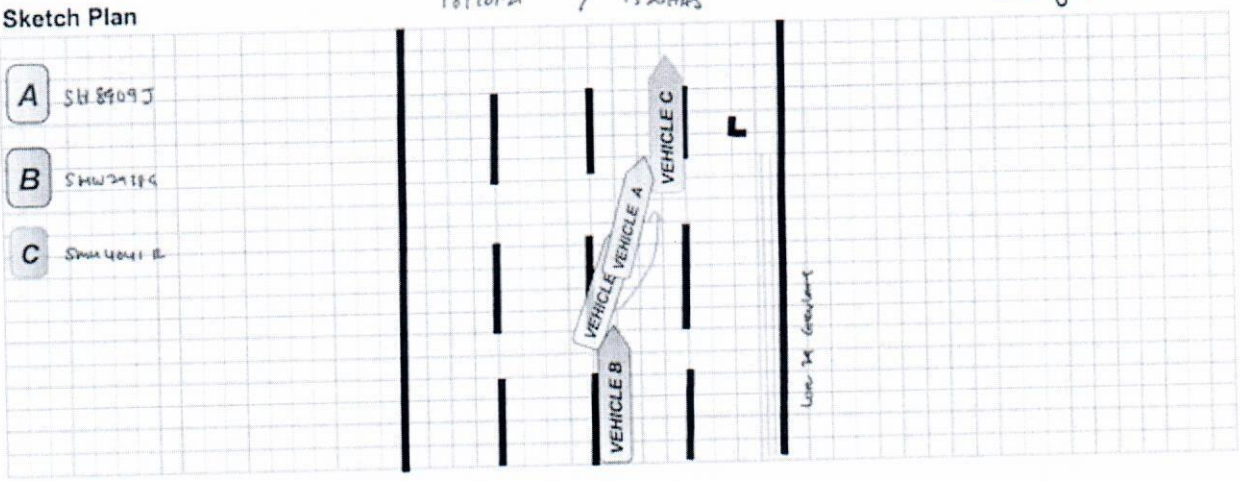
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	18/10/22 / 1320hrs	

Sketch Plan



SKETCH PLAN #2

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

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**

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 18.10.2021 15:08 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4130648

JC NO305491252

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

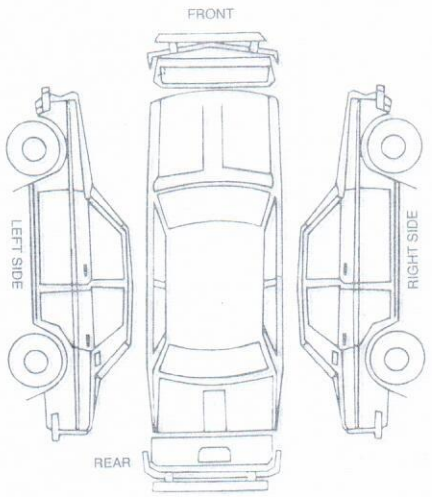
OUNT CARD NO.

REGN NO.: SH 8909J	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 17.10.2021 01:00
YR OF MANU. 17.07.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU164710	COMPLETION DATE/TIME:

JOB DESCRIPTION

cident Date: 17.10.2021
TURE: 3P.17.10.2021

NO	LABOR CODE	DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SH 8909J JU NTUC

Service Advisor

Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 8909J

Name of Service Advisor

Date

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
1	REAR BUMPER CENTRE MLDG			$451.25
1	REAR BUMPER BEAM			$394.80
1	REAR BUMPER REFLECTOR RH			$41.45
10	REAR BUMPER CLIPS			$22.00
1	REAR BUMPER BEAM BRACKET RH			$138.10
1	REAR BUMPER SIDE COVER RH			$108.00
1	REAR BUMPER SIDE BRACKET RH			$55.80
1	REAR FENDERRLH			$1,768.30
1	REAR FENDER AIR DUCT RH			$87.30
1	CRU RADER SENSOR RH			$2,910.90
1	BOOTLID EMBLEM – IONIQ			$31.30
1	BOOTLID EMBLEM – HYBRID			$24.30
1	BOOTLID EMBLEM – H			$28.00
1	BOOTLID COVER			$2,480.40
1	WHEEL RIM CAP			$346.40
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
10	FRT BUMPER CLIPS			$22.00
1	HEADLAMP ASSY RH			$1,993.65
1	FRT BUMPER BRACKET RH			$35.00
	SUB TOTAL			**$13,856.85**
	LESS 20%			$2,771.37
	DISCOUNTED TOTAL			**$11,085.45**
	BOOTLID COMFORT LOGO			$30.00 NET
	BOOTLID COMFORT TEL.NOS LOGO			$30.00 NET
	BOOTLID APPS LOGO			$40.00 NET
	REVERSE SENSOR			$180.00 NET
	WINDSCREEN SEALANT			$46.00 NET
	REAR NUMBER PLATE			$50.00 NET
				$376.00
	Labour Charge			
	PANEL BEATING – FRT			$400.00 350
	SPRAY PAINT – FRT			$300.00 250

PANEL BEATING			$1,200.00	1050
SPRAY PAINT			750 $900.00	
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	
ADJUST FOUR WHEEL ALIGN			$100.00	60
REMOVE/REFIX REAR WINDSCREEN GLASS			$120.00	
ADVERTISEMENT LOGO – BOOTLID			$100.00	incl
ADVERTISEMENT LOGO – FENDER			$200.00	incl
DIAGNOSTIC & RESETTING FAULT CODE			$150.00	50
TOTAL LABOUR			**$3,860.00**	
ESTIMATE TOTAL			**$15,321.45**	

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
L/S after repair photo
60 days up

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: