

ASSIGNED BY: thevan

REF: ntuc

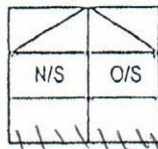
NS/INC21011071/Vqc

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/1147992-002
 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. 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: SHA1097A ✓ Yr Regn: 6/8 120
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai i30 c.c. 1580
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 12757 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 1kmHc851CULu190908
 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. 15/10/21 D.O.I. 18/10/21 1700
 Survey held at Comfort
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
rear O/S
 The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-----------------|--|
| | <u>rebate: 31781</u> |
| <u>29/10/21</u> | <u>Thevan finalised with Jumani final fig \$2342.44, 2 days. (Red \$230, 9%)</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time File Pass to? ☐ : Prelim. Report
02/11 Typist ☐ : Final Report
 Date/Time File Return to? _____

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

| | |
|-----------------|--|
| Survey Fee: | |
| Transportation: | |
| S + P.S. SI | |
| Fines | |
| Others | |
| TOTAL | |

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

Request Formals: TP
2342.44

NMC - (P/P)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 16.10.2021

Time: 08:11:18

Page: 1

Juman!

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305490845
REGN NO : SHA7097A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 06.08.2020
DATE/TIME IN : 15.10.2021 14:30
ACCIDENT DATE : 15.10.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | |
|------------------------|---------------------------|------|--------|-------|--------|-----|
| 0001 04-01-0104-2282-G | COVER-RR BUMPER# | 1 | 459.40 | 20.00 | 367.52 | 124 |
| 0002 04-01-0104-2533-G | MOULDING ASSY-RR BUMPER C | 1 | 451.25 | 20.00 | 361.00 | 50 |
| 0003 04-01-0104-2698-G | LAMP ASSY-REAR COMB OUTSI | 1 | 870.40 | 20.00 | 696.32 | 50 |
| 0004 04-01-0101-0111-G | BUMPER COVER CLIP REAR | 10 L | 22.00 | 20.00 | 17.60 | NLC |

SUB-TOTAL : 1,442.44

JOB NATURE

| | | | |
|------------|-----------------------------|--------|-----|
| 0000 PB | PANEL BEATING | 400.00 | 350 |
| 0001 SP | SPRAYPAINT CHARGE | 600.00 | 500 |
| 0002 17-01 | CHECK ALL LIGHTING | 50.00 | 20 |
| 0003 L | REMOVE/REFIX REVERSE SENSOR | 80.00 | 30 |

SUB-TOTAL : 1,130.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305490845
REGN NO : SHA7097A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 06.08.2020
DATE/TIME IN : 15.10.2021 14:3
ACCIDENT DATE : 15.10.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,572.44

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Thevan@Lkhauto.com
82235769
18/10/21 1700
p/p bfr paint photo
2 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:

Date/Time: 16.10.2021 08:00

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4130370

JC NO305490845

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

| | |
|--|---|
| REGN NO.: SHA7097A | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL IONIQ(G3) | DATE/TIME IN 15.10.2021 14:30 |
| YR OF MANU. 06.08.2020 | TARGET DATE |
| CHASSIS CODE KMHC851CVLU190908 | COMPLETION DATE/TIME: |

DUNT CARD NO.

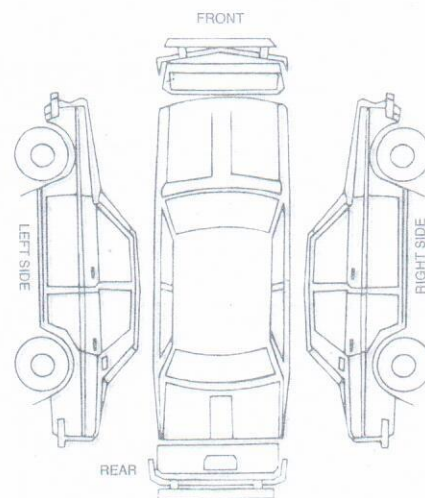
JOB DESCRIPTION

Accident Date: 15.10.2021
ATURE: 3P.15.10.2021

NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Io.: **SHA7097A**

JU NTUC

Vehicle No.:

SHA7097A

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 | 15/10/2021 18:34 (SGT) |
| Date of Accident | 15/10/2021 12:40 (SGT) |
| Exact Location of Accident | Jurong West Street 64, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA7097A |
|-----------------------------|----------|

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) +65-92351811 |
| 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 | SHEM SHEW SENG |
| NRIC No | SXXXX236F |

| | |
|--|----------------------------|
| Date Of Birth | 22/09/1948 |
| Occupation | Outdoor |
| Date Of Driving Pass | 29/08/1969 |
| Driving experience | 52 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92351811 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 249 HOUGANG AVENUE 3 |
| Address complement | - |
| Postcode | 530249 |
| 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 | 1 |
| 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 15/10/2021 AT ABOUT 12:40HRS, I WAS DRIVING VEHICLE A (SHA7097A) ALONG JURONG WEST ST 64 TOWARDS BOON LAY WAY., UPON REACHING SLIP ROAD JUNCTION, I STOP VEHICLE A AND LOOK FOR ONCOMING TRAFFIC ON MY RIGHT. WHILE VEHICLE A WAS STATIONARY, VEHICLE B (GBE6536G) COLLIDED ONTO VEHICLE A REAR RIGHT BUMPER. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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 | GBE6536G |
| Vehicle Manufacturer | - |

| | |
|---|----------------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | (Phone) +65-91813770 |
| 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)**

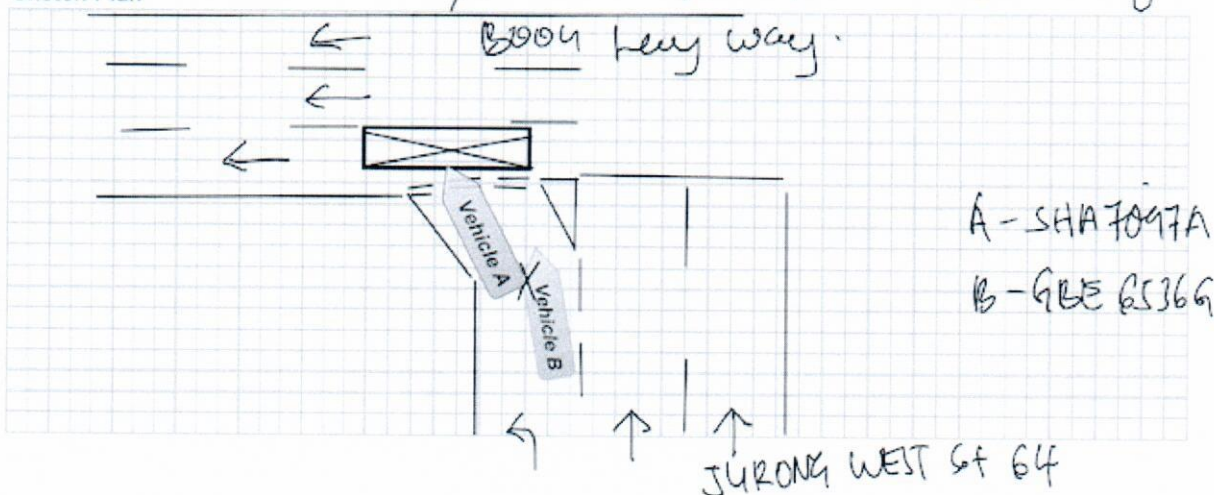
I understand, acknowledge, agree and consent that:

- (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

Sketch Plan

Describe Circumstances of the Accident

ON 15/10/2021 AT ABOUT 12:40HRS, I WAS DRIVING VEHICLE A (SHA7097A) ALONG JURONG WEST ST 64 TOWARDS BOON LAY WAY., UPON REACHING SLIP ROAD JUNCTION, I STOP VEHICLE A AND LOOK FOR ONCOMING TRAFFIC ON MY RIGHT. WHILE VEHICLE A WAS STATIONARY, VEHICLE B (GBE6536G) COLLIDED ONTO VEHICLE A REAR RIGHT BUMPER. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|---|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 821R |
| Vehicle Details | |
| Vehicle No.: | SHA7097A |
| 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.: | G4LEKU412295 |
| Chassis No.: | KMHC851CVLU190908 |
| Maximum Power Output: | 103.6 kW (138 bhp) |
| Open Market Value: | \$25,928.00 |
| Original Registration Date: | 06 Aug 2020 |
| First Registration Date: | 06 Aug 2020 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$13,300.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 05 Aug 2028 |
| PARF Rebate Amount: | \$9,975.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 05 Aug 2028 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$25,752.00 |
| COE Rebate Amount: | \$21,806.00 |
| Total Rebate Amount: | \$31,781.00 |
| 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