

REC BY: Thevan

NS/INC21011074/Vqc

ASSIGNMENT

From:

Crate:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No

Claim No. MT/1149646-001

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 Report: 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: SH9647H

Yr Rogn: 8/11/18

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

Truck / Traller or

Make: Hyundai ianig c.c 1580

Colour: blue A/C: Insured / Sid / NI / NA

Sp.Reading: 368269 T/Radio: Insured / Sid / NI / NA

Eng/No:

C/No: hmt/c85/cukh/15143

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / 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

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 20/10/21 D.O.I. 20/10/21 1630

Survey held at Comfort

Des. of Damages (Frt) Rear / O/S / N/S / U/C / Rooflop or

O/S front portion

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Rebate: 23763

29/10/21 Thevan finalised with Ms Loke LS \$2000. 3 days. (Red \$3282.60. 62%)

Date/Time File Pass to?

: Prell. Report

02/11 Typist

: Final Report

Date/Time File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Finals

Follow

Total

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Inve (\$)

W/S&L and

Request Follows: TP

2000

REPAIR ESTIMATE

Model : IONIQ(G)

MVA: MS. LOKE YY

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.

1/5 after repair photo
3 days w/p

Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|---|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 821R |
| Vehicle Details | |
| Vehicle No.: | SH9647H |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 28 Oct 2021 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | AE IONIQ HEV 1.6 DCT |
| Primary Colour: | Blue |
| Manufacturing Year: | 2018 |
| Engine No.: | G4LEJU111927 |
| Chassis No.: | KMHC851CVKU115143 |
| Maximum Power Output: | 103.6 kW (138 bhp) |
| Open Market Value: | \$24,855.00 |
| Original Registration Date: | 08 Nov 2018 |
| First Registration Date: | 08 Nov 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$11,797.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 07 Nov 2026 |
| PARF Rebate Amount: | \$8,847.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 07 Nov 2026 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$23,736.00 |
| COE Rebate Amount: | \$14,916.00 |
| Total Rebate Amount: | \$23,763.00 |
| 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 28 Oct 2021

OK

Date/Time: 20.10.2021 14:58

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4131902

JC NO 305491473

CUSTOMER

MS COMFORT TRANSPORTATION PTE LTD
 CUSTOMER NO. 7010045
 ADDRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65508755 (O)
 (P)

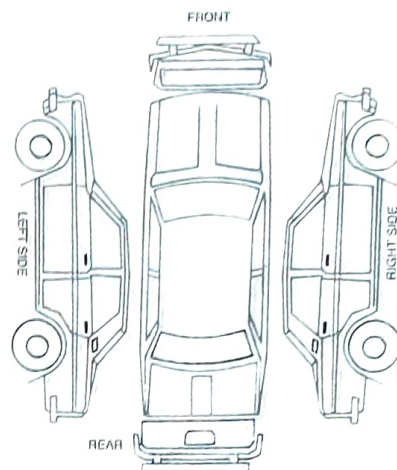
COUNT CARD NO.

| | |
|-----------------------------------|----------------------------------|
| REGN NO: SH 9647H | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL IONIQ(G2) | DATE/TIME IN 20.10.2021 06:30 |
| YR OF MANU. 08.11.2018 | TARGET DATE |
| CHASSIS CODE KMHC851CVKU115143 | COMPLETION DATE/TIME |

JOB DESCRIPTION

Accident Date: 20.10.2021
 ATURE: 3P 20.10.2021

/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: SH 9647H YY

Vehicle No.: SH 9647H

of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Surged on 20/10/21

SJ0421AL0001 / JP Knights Pte Ltd
ENTRY DATE & TIME: 21/10/2021 09:17 (SGT)
SUBMITTED BY: Caymen
VERSION: 1 (21/10/2021 09:17 (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 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 | 21/10/2021 09:17 (SGT) |
| Date of Accident | 20/10/2021 01:25 (SGT) |
| Exact Location of Accident | Thomson Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SH9647H |
|-----------------------------|---------|

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) +65-97900707 |
| 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 | ONG LIN HOCK |
| NRIC No | SXXXX506E |

| | |
|--|----------------------------|
| Date Of Birth | 07/05/1962 |
| Occupation | Outdoor |
| Date Of Driving Pass | 14/08/1980 |
| Driving experience | 41 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97900707 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLOCK 65 MARINE DRIVE |
| Address complement | #13-180 |
| Postcode | 440065 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | RELIEF |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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) | 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? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT. T/2021020/2005

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 | GBK1615M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|--------------------|
| Vehicle Category | Commercial vehicle |
| 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) | - |

SKETCH PLAN

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

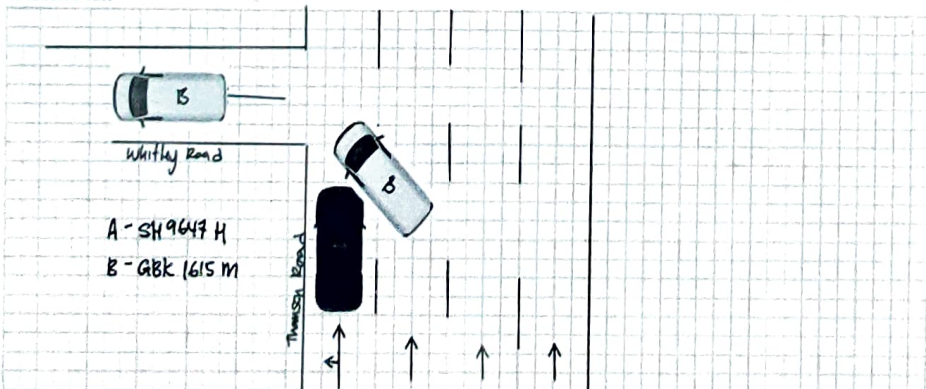
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
20/10/2021 1500

Witnessed by Reporting Centre Personnel
Bahmal

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT

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 26/10/2021 1500

Witnessed by Reporting Centre
Personnel

Palma