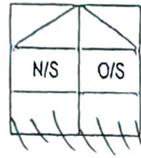


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop no: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: **MT/1149256-002**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vch: _____

(Policy Condition)

Remark: The veh had commenced Its repair at the time of Inspection.



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: _____ % J Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SHC503E** ✓ Yr Regn: **30/4/19**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Primo Mover /
 Truck / Trailer or
 Make: **Hyundai iOniq** c.c. **1580**
 Colour: **yellow** AC: Insured / Std / NI / NA
 Sp. Reading: **415956** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **kmh/c85/cvku/41337**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: 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. 27/10/21 D.O.I. 27/10/21 1615
 Survey held at **Comfort**
 Des. of Damagos: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	rebate: 23264
	lump sum 5000, 3days
	red: 3265.2039%

Date/Time, File Pass to? ; Prel. Report

1) ; Final Report

Date/Time, File Return to?

2) _____

Request Form No: _____

Dist: Sina / B.J. 11

Days Of Repair: _____

Resurvey No. of Trlp: _____

- Add Fee: Site Insp (\$)
 Interview (\$)
 Tech. Invs (\$)
 V/Sel and (\$)

Survey Fee:

Transportation:	_____
_____ S + RS. _____ SI	_____
Prints	_____
Others	_____
TOTAL	_____

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: B39G

Vehicle Details

Vehicle No.: SHC503E
Vehicle to be Exported: No
Intended Deregistration Date: 01 Nov 2021
Vehicle Make: HYUNDAI
Vehicle Model: AE IONIQ HEV 1.6 DCT
Primary Colour: Yellow
Manufacturing Year: 2018
Engine No.: G4LEJU191406
Chassis No.: KMHC851CVKU141337
Maximum Power Output: 103.6 kW (138 bhp)
Open Market Value: \$24,888.00
Original Registration Date: 30 Apr 2019
First Registration Date: 30 Apr 2019
Transfer Count: 0
Actual ARF Paid: \$11,844.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 29 Apr 2027
PARF Rebate Amount: \$8,883.00

Intended COE Rebate Details

COE Expiry Date: 29 Apr 2027
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 8
PQP Paid: \$20,940.00
COE Rebate Amount: \$14,381.00
Total Rebate Amount: \$23,264.00

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 01 Nov 2021

OK

Date/Time: 27.10.2021 13:54 Page : 1

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4134502

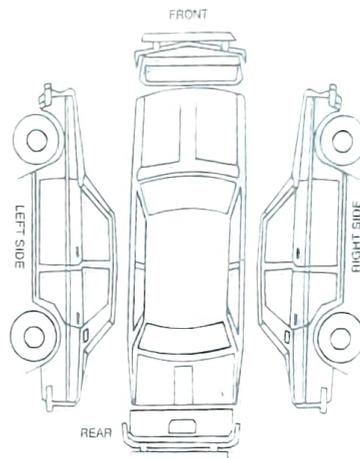
JC NO305492359

OMER	REGN NO. SHC 503E	MILEAGE
IS CITYCAB PTE LTD	MAKE HYUNDAI	FUEL E 1/2 F
OMER NO 7010070	MODEL IONIQ(G2)	DATE/TIME IN 27.10.2021 10:00
ESS 383 SIN MING DRIVE	YR OF MANU. 30.04.2019	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE KMHC851CVKU141337	COMPLETION DATE/TIME
(R) 65551188 (O)		
(P)		
OUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 27.10.2021
 NATURE: 3P 27.10.2021

NO LABOR CODE DESCRIPTION



REMOVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Registration Slip

Exit Pass

No.: **SHC 503E** **JU**

Vehicle No.: **SHC 503E**

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned 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	27/10/2021 13:04 (SGT)
Date of Accident	27/10/2021 07:15 (SGT)
Exact Location of Accident	Farrer Flyover, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC503E
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) +65-88158820
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	NG AH HONG
NRIC No	SXXXX609G

Date Of Birth	24/06/1972
Occupation	Outdoor
Date Of Driving Pass	11/01/1997
Driving experience	24 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88158820
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 434 HOUGANG AVENUE 8 #10-902
Address complement	-
Postcode	530434
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	Collided into Motorcyclist
Weather Conditions	Raining
Road Surface	Wet

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	LOW
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 27/10 /2021 AT ABOUT 0715HRS I WAS DRIVING MY VEHICLE A (SHC503E) ON THE 1ST LANE OF FARRER FLYOVER TOWARDS QUEENSWAY. VEHICLES IN FRONT STOP AND I SLOWED DOWN AND STOP. VEHICLE B (FBD8753M) THEN REAR ENDED MY VEHICLE A RIGHT REAR. MY PASSENGER IS NOT INJURED. BIKER AND PILLION FELL OVER AND THEY ARE NOT 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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD8753M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-96193060
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.

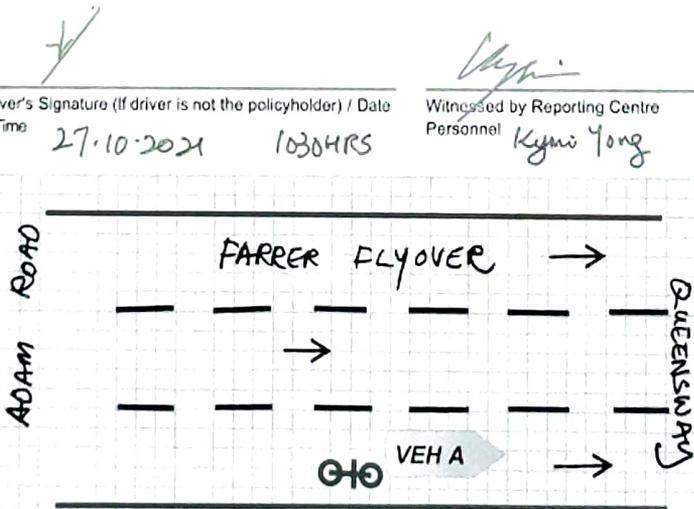
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHC 503 E
B - FBD 8753 M



Describe Circumstances of the Accident

ON 27/10 /2021 AT ABOUT 0715HRS I WAS DRIVING MY VEHICLE A SHC503E ON THE 1ST LANE OF FARRER FLYOVER TOWARDS QUEENSWAY. VEHICLES IN FRONT STOP AND I SLOWED DOWN AND STOP. VEHICLE B FBD8753M THEN REAR ENDED MY VEHICLE A RIGHT REAR. MY PASSENGER IS NOT INJURED. BIKER AND PILLION FELL OVER AND THEY ARE NOT INJURED. PARTICULARS EXCHANGED

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
27.10.2021 1040HRS



Witnessed by Reporting Centre Personnel
