NS/INC21011153/Vuc ASSIGNMENT From Ciale 54c 795/2 V Veh No: Estimated Cost: Type: M.Car / M.Cycle / Bus / Van / Lorry / (ax) Prime Mover / OD / TP / WS / TP RES / OD RES / EVA / INV / MV Truck / Traller or To Inspect Vehicle No: SHC 7951Z Mako: Hyundai al Workshop mvs Colour Sp.Reading not avai T/Radio: Insured / Std / NI / NA Insured GBF 5872L Eng/No: Policy No C/No: Claims No MT/1148963-002 Gen. Cond: Ood / Falr / Poor / Burnt Sum Insured: Sleering: Interest / Jammed / Leaked / Burnt or Excoss: (Client's Record) inorder I Jammed I Leaked I Burnt or Make of Vch: NII I SIRIM I STO AIRIM OF Modi: 195/65his Tyre Size: (Policy Condition) 195/65 KIS Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of Inspection. TOYO/YOKO or Westlahe Bal or Market Value: Front Roar IDAC Accident Room Consistent?: Yes or No R/Bal. R/Bal. GIA / PR Scen: Consistent?: Yes or No L/Bal. L/Bal. 0.0.1.23/10/2 Est. Repairs. Res.: Yos or No D.O.I, 27/10/21 1600 Lum Sum: 3 Val.: Yos or No (omforf Survey held at Des. of Damagos : Frt / Kear ) O/S / N/S / U/C / Roollop or CA / REV / REP. / 24 HRS Vehicle: IN/OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction 100ate: 31 736 Confirmed P/P \$1,622.76, 2 repair days (RED \$917.48; 36%) Date/Time Fla Pass W? : Proll. Roport Days Of Repair: ູ, 3/11 TYPISົ້າ : Final Report Resurvey No. of Trlp: Survey Fee: Data Time File Return 107 Transportation Add Fee: Site Insp (\$ S . FS. \_ SI Interview (\$ Flinks TP Tech, Inve () Give Guert Follows : \$1,622.76 WAR GIRL IN - - 46 11. BJ: 12 रत्न ग्र

· The BI

# COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC7951Z

Make : HYUNDAI

Model : IONIQ(G3)

Date: 27/10/2021
Insurance: NTUC

MVA: MS. LOKE YY

Qty			MVA: MS. LOKE YY		
and the same	Parts Description / Labour	Туре	Unit Price	Amount	
	1 REAR BUMPER COVER O REAR BUMPER CLIPS			\$459.40	
	1 REAR BUMPER SIDE BRACKET RH			\$22.00	
	1 REAR BUMPER CENTRE MOULDING ASSY			\$55.80	
	1 REAR BUMPER REINFORCEMENT			\$451.25	
	1 REAR BUMPER REINFORCEMENT BRACKET RH			\$394.80	
	1 REAR BUMPER REFLECTOR LAMP RH			\$138.10	
	LEGION LAWIP RA			\$41.45	
	SUB TOT	AL		£4 500 00	
	LESS 2			\$1,562.80 \$312.56	
	DISCOUNTED TO	AL		\$1,250.24	
	1 REAR BUMPER RUBBER MAT				
	1 REAR BUMPER REVERSE SENSOR			\$50.00	
			-10%	\$180.00	
				\$230.00	
	Labour Charge				
	PANEL BEATING			\$700.00	
	SPRAY PAINTING CHARGE			\$300.00	
	REMOVE/REFIX REVERSE SENSOR			\$60.00	
	TOTAL LABO	UR		\$1,060.00	
	ESTIMATE TO	AL		\$2,540.24	
				V2,040.24	

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.

Throunelphautorion
82235769
27/10/21 1600
Plp bfrpant photo
2days 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:

# > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company Owner ID: Vehicle Details 839G

Vehicle No:

SHC7951Z Vehicle to be Exported: No Intended Deregistration Date: 01 Nov 2021

Vehicle Make: Vehicle Model:

AE IONIQ HEV FL 1.6 DCT Primary Colour: Yellow Manufacturing Year: 2019

Engine No.: Chassis No.: Maximum Power Output:

103.6 kW (138 bhp) Open Market Value: \$25,755.00 Original Registration Date: 27 Aug 2020 First Registration Date: 27 Aug 2020 Transfer Count:

Actual ARF Paid: \$13,057.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 26 Aug 2028 PARF Rebate Amount: \$9,792.00 Intended COE Rebate Details

COE Expiry Date: 26 Aug 2028

COE Category: A - Car up to 1600cc & 97kW (130bhp) COE Period(Years):

PQP Paid: \$25,752.00 COE Rebate Amount:

\$21,944.00 Total Rebate Amount: \$31,736.00

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

HYUNDAI

G4LEKU389519

KMHC851CVLU184507

SJ0421AP000E / JP Knights Pte Ltd ENTRY DATE & TIME: 25/10/2021 12:09 (SGT) SUBMITTED BY: Kevi VERSION: 1 (25/10/2021 12:09 (SGT))

# **©** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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
- 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 **Date of Accident Exact Location of Accident** 

Additional Location Information Country/State of Loss

25/10/2021 12:09 (SGT) 23/10/2021 19:50 (SGT) Ang Mo Kio Ave 1, Singapore

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHC7951Z

#### INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address** 

Mobile Phone No Alternative Phone No. Yes

CITYCAB PTE LTD

1XXXXX839G

fleetsafety@cdgtaxi.com.sg (Phone) +65-90909196

(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

your vehicle?

Transmission

Are you claiming under your own insurance policy for repair to

Vehicle Category

CC

Hyundai

Ae ionig

Private hire

No - Claiming third party

Taxi Auto

1580

#### INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419140

#### DRIVER

Name of Driver NRIC No

KOH PECK LOO SXXXX489A



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

06/07/1955 Outdoor

12/01/1976

45 YEARS AND 9 MONTHS

Male

(Phone) +65-90909196

fleetsafety@cdgtaxi.com.sg

BLK 359 HOUGANG AVENUE 5 #02-346

530359

No

Hirer

No

Insurance Company of Other Vehicle Owned by Driver

## GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

Collision - Head to Rear

Clear Dry

No

No

Yes

1

No

No

No

CIRCUMSTANCES OF ACCIDENT

ON THE 23/10/2021 AT AROUND 1950HRS, I VEHICLE A (SHC7951Z) WAS DRIVING ALONG ANG MO KIO AVE 1 TURNING LEFT TOWARDS UPPER THOMSON ROAD. AS THERE WERE VEHICLE APPROACHING, I STOP AT FILTER LANE AND WAIT, SUDDENLY I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B (GBF5872L) HAS REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

Yes

GBF5872L

FILE IS NOT SUITABLE

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Category Name of Driver

Vehicle Colour

Commercial vehicle



Contact Number	*
Address	
Address complement	
Postcode	
Insurance Company Name	1
Nature Of Damage	_
Details of property damaged in accident	
No. Of Passenger (Including Driver)	1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process
- 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy limiting on the part of the insurance
- 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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 8. Consent under the Personal Data Protection Act(PDPA)

lunderstand, acknowledge, agree and consent that

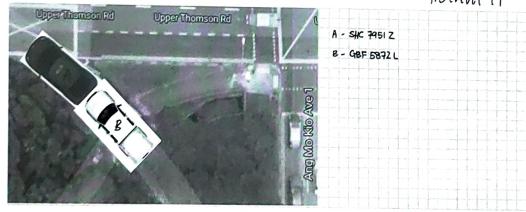
- (a) My insurer , my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) w he 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' law yers/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 sottlement of the claims and any necessary investigations relating to
- investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (w) 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 wiell as on the external cover of envelopes/mail
- (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 law yers/law firms), which may be sited outside of Sizgapore, for one or more of the above Purpose

Policyholder's Signature / Date &

Driver's Signature (If priver is not the policyholder) / Date & Time 24/10/2021/ 1200

Witnessed by Reporting Centre Personnel Dahu191

Sketch Plan



## Describe Circumstances of the Accident

ON THE 23/10/2021 AT AROUND 1950HRS, I VEHICLE A(SHC7951Z) WAS DRIVING ALONG ANG MO KIO AVE 1 TURNING LEFT TOWARDS UPPER THOMSON ROAD. AS THERE WERE VEHICLE APPROACHING, I STOP AT FILTER LANE AND WAIT, SUDDENLY I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B(GBF5872L) HAS REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME.

#### Declaration

IfWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

& Time 24/10/2021 1200

Witnessed by Reporting Centre nahula

## COMFORTDELGRO ENGINEERING -

ComfortDelGro Engineering Pte Ltd

Date/Time: 27.10.2021 09:31

Page: 1

JOB CARD Sales Order: 4134421 Team: ARC Repair TP(CFSO)1 JC NO305492126 REGN NO. SHC7951Z JSTOMER MILEAGE CITYCAB PTE LTD MAKE : HYUNDAI FUEL 7010070 ISTOMER NO 383 SIN MING DRIVE MODEL IONIQ(G3) DRESS DATE/TIME IN Singapore SINGAPORE 575717 27.10.2021 09:00 65551188 YR OF MANU. 27.08.2020 TARGET DATE COMPLETION DATE/TIME KMHC851CVLU184507 SCOUNT CARD NO.

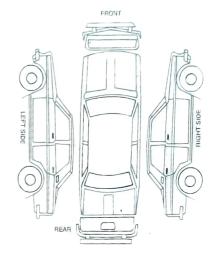
JOB DESCRIPTION

Accident Date: 23.10.2021 NATURE: 3P 23.10.2021 \

3/NO

LABOR CODE

DESCRIPTION



vledgement Slip

No

SHC7951Z

YY

Exit Pass

Vehicle No.:

SHC7951Z

if Service Advisor

Signature/Date

Date

durned to Service Reception upon collection

Name of Service Advisor To be kept by Security Guard