

11/11/21 - Thevan

NS/INC21011180/Vvc

ASSIGNMENT

From: _____ Exter: _____
 Estimated Cost: _____
 UD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop no/s: _____
 of: _____
 Insured: **WC 4347K**
 Policy No: _____
 Claims No: **MT/1149459-002**
 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 Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **2** days Res.: Yes or No
 Lum Sum: _____ % J Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

NIS	OIS

Veh No: **SHA9108P** ✓ Yr Page: **217/119**
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai ioniq** cc **1580**
 Colour: **yellow** A/C: Insured / Std / Nil / NA
 Sp. Reading: **346834** T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: **kmhc8slcu61617**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In Order / Jammed / Leaked / Burnt or
 Brake: In Order / Jammed / Leaked / Burnt or
 Modi: Nil / 6/Rlm / STD AJRlm or
 Tyro Size: F: **195/65R15**
 R: **195/65R15**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **wst hake**
 Front R/Bal. **5** mm Rear R/Bal. **5** mm
 L/Bal. **5** mm L/Bal. **5** mm
 D.O.A. **28/10/21** D.O.I. **29/10/21** 600
 Survey held at **Comfort**
 Des. of Damagos: Frt / Rear / OIS / NIS / UIC / Rooflop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	rebate: 26675
8/11/21	Thevan confirmed \$1423.16 (Red 1100.32, 43%)

Date/Time, File Pass to? ; Procl. Report
 ; Final Report
 Days Of Repair: **2**
 Resurvey No. of Trip: **1**
 Survey Fee: _____
 Transportation: _____
 S + P.S. \$ _____
 Photos _____
 Colours _____
 Total _____
 Addl Fee: Site Insp (\$)
 Interview (\$)
 Tech. Invs (\$)
 Wash End (\$)
 Report Formed: TP
 Date: 9/11/21 - typist
 Total: 2146 / 1181 - \$1423.16

REPAIR ESTIMATE*

VEHICLE NO : SHA9108P

DATE 28/10/2021

MAKE : REG 02.07.2019

MODEL : HYUNDAI IONIQ

/ CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$459.40
1	REAR BUMPER MOULDING			\$451.25
1	REAR BUMPER BRACKET RH			\$55.80
1	REAR BUMPER REFLECTOR RH			\$41.50
1	REAR WHEEL COVER RH			\$346.40
	SUB TOTAL			\$1,354.35
	LESS 20%			\$270.87
	DISCOUNTED TOTAL			\$1,083.48
				\$-
	Labour Charge			
	Panel Beating			\$600.00
	Spray Painting Charge			\$600.00
	Remove/Refix rear upholstery			\$90.00
	Tuff coating			\$90.00
	Check Wiring			\$60.00
	TOTAL LABOUR			\$1,440.00
	ESTIMATE TOTAL			\$2,523.48
<p>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.</p>				

Cut
 SC
 JNC
 SUC
 NC
 ✓
 350
 250
 30
 20
 20
 ✓

Thevan@lkhauto.com
 82235759
 29/10/21 1600
 L/S after repair photo
 2 days scp

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: 839G

Vehicle Details

Vehicle No.: SHA9108P
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: 2019
Engine No.: G4LEKU297150
Chassis No.: KMHC851CVKU164617
Maximum Power Output: 103.6 kW (138 bhp)
Open Market Value: \$25,367.00
Original Registration Date: 02 Jul 2019
First Registration Date: 02 Jul 2019
Transfer Count: 0
Actual ARF Paid: \$12,514.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 01 Jul 2027
PARF Rebate Amount: \$9,385.00

Intended COE Rebate Details

COE Expiry Date: 01 Jul 2027
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 8
PQP Paid: \$24,410.00
COE Rebate Amount: \$17,290.00
Total Rebate Amount: \$26,675.00

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

Team: ARC Repair TP(CFSO)1

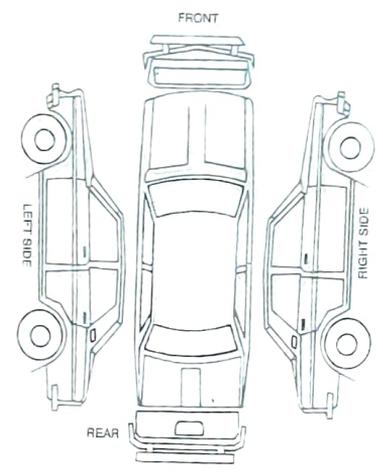
JOB CARD Sales Order: 4135422 JC NO305492506

CUSTOMER R/M/S CITYCAB PTE LTD CUSTOMER NO. 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65551188 (O) (P) DISCOUNT CARD NO	REGN NO. SHA9108P	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 28.10.2021 15:00
	YR OF MANU. 02.07.2019	TARGET DATE
	CHASSIS CODE KMHC851CVKU164617	COMPLETION DATE/TIME:

Accident Date: 28.10.2021
 NATURE: 3P 28.10.2021

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Workshop Acknowledgement Slip

Exit Pass

No.: **SHA9108P** **CHIANG**

Vehicle No.: **SHA9108P**

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	28/10/2021 19:50 (SGT)
Date of Accident	28/10/2021 13:35 (SGT)
Exact Location of Accident	Tuas South Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9108P
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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) +65-96361893
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	TEO HONG BEE
NRIC No	SXXXX094C

Date Of Birth	11/03/1961
Occupation	Outdoor
Date Of Driving Pass	14/09/1979
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96361893
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 303 CANBERRA ROAD #14-35
Address complement	-
Postcode	750303
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
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 28/10/2021 AT ABOUT 1335HRS I WAS DRIVING MY VEHICLE A (SHA9108P) ON THE MOST 2ND LANE OF TUAS SOUTH AVE 3. AT THE TRAFFIC JUNCTION OF TUAS SOUTH AVE 2 LIGHTS TURN AMBER AND I STOPPED MY VEHICLE A. VEHICLE B (WC4347K) LEFT FRONT THEN REAR ENDED MY VEHICLE RIGHT REAR. MY PASSENGERS ARE NOT INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

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	WC4347K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
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

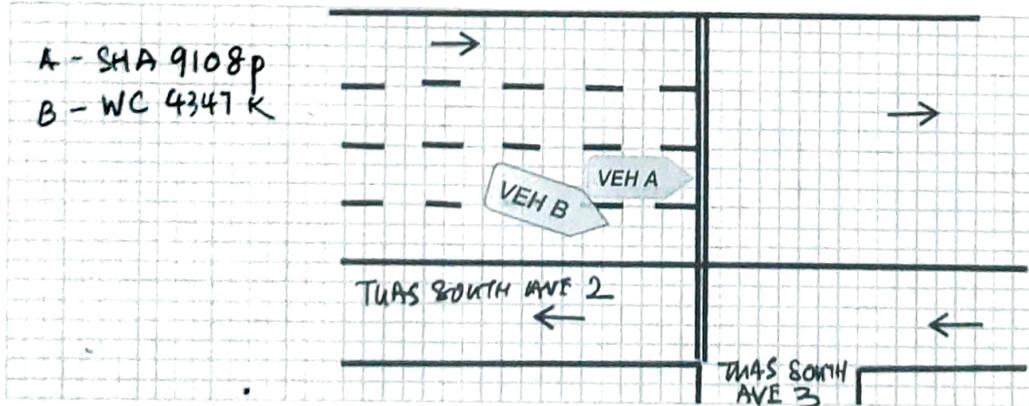
- 1 Please report correctly the details of the accident to speed up the claims process
- 2 This Form must be completed by the Policyholder and/or the Authorised Driver
- 3 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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
[Signature]
28.10.2021 15:39RS

Witnessed by Reporting Centre Personnel
[Signature]
Kyei Yong.

Sketch Plan



Describe Circumstances of the Accident

ON 28/10/2021 AT ABOUT 1335HRS I WAS DRIVING MY VEHICLE A SHA9108P ON THE MOST 2ND LANE OF TUAS SOUTH AVE 3. AT THE TRAFFIC JUNCTION OF TUAS SOUTH AVE 2 LIGHTS TURN AMBER AND I STOPPED MY VEHICLE A. VEHICLE B WC4347K LEFT FRONT THEN REAR ENDED MY VEHICLE RIGHT REAR. MY PASSENGERS ARE NOT INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

AS

Driver's Signature (If driver is not the policyholder) / Date & Time 28.10.2021 1535HRS

[Signature]

Witnessed by Reporting Centre Personnel [Signature]