

(08/11/13) wef

ASS. REC. BY:

REF:

CS/EQ121011619/RV43

8212

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SHC 8609G

at Workshop m/s COMFORT

of SH, Loughmash DR

Insured: GBF 9382H EQ

Policy No. DMCPHQ21-001542

Claims No. DM21HO01699

Sum Insured:

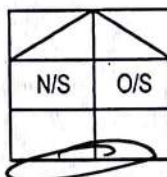
Excess:

(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:

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:

SHC 8609G

Yr Regn:

2021 / FEB

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

Truck / Trailer or

Make:

HUMMER ACIONQ 1-6 PG c.c 1580

Colour

BLU

A/C: Insured / Std / NI / NA

Sp. Reading

112118

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHCS1CVL1192859

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:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

WESTLAK

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

13/11/21

D.O.I.

16/11/21

Survey held at

COMFORT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

26/11/21 Final fig \$1865.12 confirmed by email (Red 1015.84, 35%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 26/11/21-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) S + RS SI

) Photos

) Others

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Report Format : Merimen

Lump Sum / I.B.I. (\$ 1865.12

TOTAL

Repairer Estimates

Lim Tien Siang

REPAIR DETAILS**Reference****Part Source:** MRM-SG **Version:** 1.0 (Last Synchronised: 15 Nov 2021)**Parts:** 192 **HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)****Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC8609G/15/11/2021 10:21**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER <i>ca</i>	20.00	0.00	*459.40 FL
2	1		*REAR BUMPER REINFORCEMENT ?	20.00	0.00	*394.80 FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET RH/LH ?	20.00	0.00	*276.20 FL
4	1		*REAR BUMPER CENTRE MOULDING <i>ca</i>	20.00	0.00	*451.25 FL
5	1		*REAR BUMPER LOWER MOULDING <i>ca</i>	20.00	0.00	*155.00 FL
6	10		*REAR BUMPER CLIPS <i>ca</i>	20.00	0.00	*22.00 FL
7	1		*REAR BUMPER FOGLAMP X	20.00	0.00	*201.50 FL
8	1		*REAR BUMPER TOW COVER X	20.00	0.00	*98.80 FL
9	1		*REAR BUMPER REVERSE SENSORS <i>ca</i>	0.00	0.00	*180.00 F
10	1		*REAR NO.PLATE WITH TRIM COVER <i>ca</i>	0.00	0.00	*55.00 F
11	1		*TOWING FEE ? <i>receipt</i>	0.00	0.00	*60.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	2,353.95
- List Item Discount on L Items (S\$)	411.79
Total Parts (S\$)	1,942.16

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Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

Lim Tien Siong

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	350 400.00
2	SPRAY PAINTING	New	250 300.00
3	R/I REVERSE SENSORS	New	40 120.00
Gross Labour Cost (\$\$)			820.00

ComfortDelGro Engineering Pte Ltd/SHC8609G/15/11/2021 10:21. Not valid without Reference section.
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< END OF ESTIMATES >

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:

Rasul
Hp 900 10068

3 days

9/11

16/11/21 @ 1440

Resurvey before paint

Date/Time: 15.11.2021 09:24

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4140822

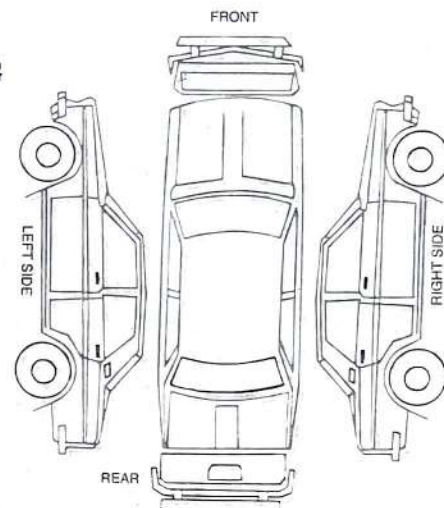
JC NO 305494245

OWNER IS COMFORT TRANSPORTATION PTE LTD OWNER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)		REGN NO.: SHC8609G	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL IONIQ(G3)	DATE/TIME IN 13.11.2021 06:10
		YR OF MANU. 25.02.2021	TARGET DATE
DUNT CARD NO.		CHASSIS CODE KMHC851CVLU192859	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 13.11.2021
NATURE: 3P 13.11.2021

NO	LABOR CODE	DESCRIPTION
00010	PB	PANEL BEATING-SHC8609G
00020	23-01	TOWING FEE



KEYED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: SHC8609G

LIMITS

Vehicle No.:

SHC8609G

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

LKK-

CP/P)

TP INSURER:

EQ Insurance Company Ltd (HQ)

CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	13/11/2021
Vehicle Reg. No.:	SHC8609G	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	25/02/2021
Vehicle Colour:	BLUE		
Engine No:	G4LEKU421513	Chassis No:	KMHC851CVLU192859
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	1,942.16
Miscellaneous Items	0.00
Labour	820.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,762.16
+ GST 7.00% (S\$)	193.35
Nett Amount (S\$)	2,955.51

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

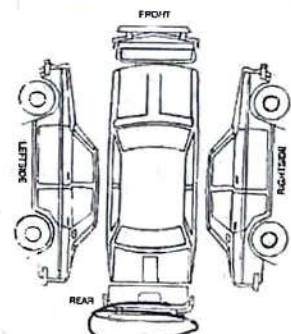


JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

Date: <u>13/11/21</u> Time Received: <u>0635</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
<input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MR AW</u> Contact No. : <u>91276006</u> Vehicle No. : <u>SHE 8609G</u> Make / Model / Colour : <u>IONIQ</u> Email : _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____

Location: <u>82 Circuit Rd</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		

0. Odometer Reading : _____ Fuel Level : <table border="1" style="display: inline-table; text-align: center;"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table>	F	1/4	1/2	3/4	E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 #: Cracked X: Dented /: Scatched O: Missing _____ Signature of Customer
F	1/4	1/2	3/4	E			

Job Attended

2. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver : <u>Ping</u> Vehicle No. : <u>9MA148J</u> Time Dispatch : <u>0635</u> Time of Arrival : <u>0700</u> Time Completed : <u>0730</u>
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Cash Invoice Details (if applicable)

3. Cash Invoice No. : _____

Customer Acknowledgement

I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

<u>13/11/21</u> Date	<u>0730</u> Time	 Signature of Customer
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WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
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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	15/11/2021 11:52 (SGT)
Date of Accident	13/11/2021 06:10 (SGT)
Exact Location of Accident	Paya Lebar, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8609G
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) +65-91276006
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	AW SOON BEE
NRIC No	SXXXX278H

Date of Birth	18/12/1960
Occupation	Outdoor
Date of Driving Pass	13/02/1980
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91276006
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 403 TAMPINES STREET 41 #05-87
Address complement	-
Postcode	520403
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 13/11/2021 AT ABOUT 0610 HOURS, I WAS DRIVING VEHICLE A (SHC8609G) ALONG PAYA LEBAR EXIT FROM PIE (CHANGI) AT A SLIP ROAD ON LANE 2 STATIONARY CHECKING RIGHT BLIND SPOT WHEN SUDDENLY VEHICLE B (GBF9382H) WAS UNABLE TO BRAKE AND REAR ENDED ME. NOBODY IS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF9382H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-94675292

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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")

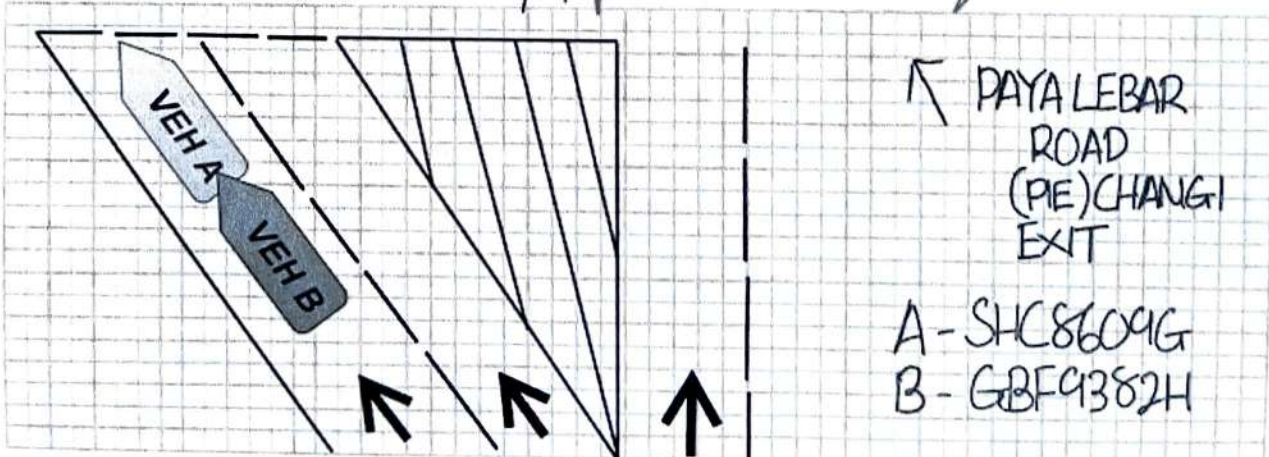
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 THE 13/11/2021 AT ABOUT 0610 HOURS, I WAS DRIVING VEHICLE A (SHC8609G) ALONG PAYA LEBAR EXIT FROM PIE (CHANGI) AT A SLIP ROAD ON LANE 2 STATIONARY CHECKING RIGHT BLIND SPOT WHEN SUDDENLY VEHICLE B (GBF9382H) WAS UNABLE TO BRAKE AND REAR ENDED ME. NOBODY IS INJURED.

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

Owner ID Type:	Company
Owner ID:	821R
Vehicle No.:	SHC8609G
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Nov 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU421513
Chassis No.:	KMHCB51CVLU192859
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,766.00
Original Registration Date:	25 Feb 2021
First Registration Date:	25 Feb 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Feb 2029
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	24 Feb 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$31,876.00
COE Rebate Amount:	\$28,970.00
Total Rebate Amount:	\$32,720.00

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 17 Nov 2021

OK