

REG. BY: Thevan

CS/TMI 210/200/VV43

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SKW 3525G

Policy No. MW009326

Claims No. M2105446

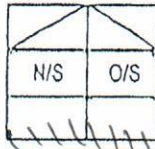
Sum Insured: _____ Excess: _____

(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: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC735041 ✓

Yr Regn: 23/8/18

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

Truck / Trailer or

Make: Hyundai Ionig

c.c. 1580

Colour: yellow

A/C: Insured / Std / NI / NA

Sp. Reading: 5/5/0.6

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: kmHC85/CUKU107261

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: 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. 24/11/21

D.O.I. 26/11/21

Survey held at

Comfort

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

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

Date / Time

Action / Instruction

rebat: 2498

Got BI

30/11/21 Thevan confirmed LS \$1700 (Red 4778.75, 73%)

Date/Time. File Pass to?

☐

: Prelim. Report

1)

☐

: Final Report

Date/Time. File Return to?

3 1/12/21-typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Finings

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: V/S&I (\$

Report Forms: Merimen

Letter Sum / REJ: \$1700

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

59 Loyang Drive

Singapore 508969

Tel: 6214 8300

TP INSURER:

Tokio Marine Insurance Singapore Ltd (HQ)

CCPL

MVA: YY

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	24/11/2021
Vehicle Reg. No.:	SHC7350H ✓	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	23/08/2018
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEJU076613	Chassis No:	KMHC851CVKU106618
Odometer:	515106 KM		
Paint Type:			
List Item Discount:	20.00 %	Nett Item Discount:	7.00 %
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	4,688.75
Miscellaneous Items	11.00
Labour	1,600.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$)	6,299.75
+ GST 7.00% (\$)	440.98
Nett Amount (\$)	6,740.73

This claim is handled by: LOKE WEI YIENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			✓ 11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	350 800.00
2	SPRAY PAINTING CHARGE	New	250 600.00
3	CHK ALL LIGHTING	New	30 60.00
4	TUFF KOTE	New	30 60.00
5	REMOVE/REFIX REVERSE SENSOR	New	20 80.00 ✓
Gross Labour Cost (S\$)			1,600.00

ComfortDelGro Engineering Pte Ltd/SHC7350H/25/11/2021 09:17. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 25 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/SHC7350H/25/11/2021 09:17**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 COVER	20.00	0.00	cut ✓ 459.40 FL
2	1		*REAR BUMPER CLIPS	20.00	0.00	rec ✓ 22.00 FL
3	1		*REAR BUMPER CENTRE MOULDING ASSY	20.00	0.00	scr ✓ 451.25 FL
4	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	? *394.80 FL
5	1		*REAR BUMPER REINFORCEMENT BRACKET LH	20.00	0.00	? *138.10 FL
6	1		*REAR BUMPER REINFORCEMENT BRACKET RH	20.00	0.00	? *138.10 FL
7	1		*REAR BUMPER TOWING COVER	20.00	0.00	scr X *98.80 FL
8	1		*REAR BUMPER REFLECTOR LAMP RH	20.00	0.00	scr X *41.45 FL
9	1		*ANTENNA ASSY SMARTKEY	20.00	0.00	? *40.50 FL
10	1		*REAR BUMPER FOG LAMP	20.00	0.00	scr X *201.50 FL
11	1		*REAR PANEL	20.00	0.00	? *532.00 FL
12	1		*REAR PANEL GARNISH	20.00	0.00	? *346.80 FL
13	1		*BOOTLID	20.00	0.00	Rec X *2,480.40 FL
14	1		*BOOTLID HYUNDAI PLATE	20.00	0.00	scr X *24.30 FL
15	1		*EMBLEM HYBRID	20.00	0.00	rec ✓ *24.30 FL
16	1		*EMBLEM - IONIQ	20.00	0.00	rec ✓ *31.30 FL
17	1		*BOOTLID ADVERTISEMENT LOGO	7.00	0.00	wn X *100.00 FN
18	1		*BOOTLID COMFORT TEL NO STICKER	7.00	0.00	wn X *35.00 FN
19	1		*BOOTLID COMFORT LOGO STICKER	7.00	0.00	wn X *30.00 FN
20	1		*BOOTLID COMFORT APP STICKER	7.00	0.00	wn X *30.00 FN
21	1		*REAR BUMPER REVERSE SENSOR	7.00	0.00	cut ✓ *180.00 FN

F=Franchise part, L=ListItemDisc, N=NettItemDisc.

Sub Total (\$\$)	5,800.00 ✓
- List Item Discount on L Items (\$\$)	1,085.00
- Nett Item Discount on N Items (\$\$)	26.25
Total Parts (\$\$)	4,688.75

ComfortDelGro Engineering Pte Ltd/SHC7350H/25/11/2021 09:17. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Thuan@Lkhauto.com
82235769
26/11/21 1530
L/s after repair photo
on 2 days 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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	839G

Vehicle Details

Vehicle No.:	SHC7350H
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Nov 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Yellow
Manufacturing Year:	2018
Engine No.:	G4LEJU080157
Chassis No.:	KMHC851CVKU107261
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,785.00
Original Registration Date:	23 Aug 2018
First Registration Date:	23 Aug 2018
Transfer Count:	0
Actual ARF Paid:	\$11,699.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Aug 2026
PARF Rebate Amount:	\$8,774.00

Intended COE Rebate Details

COE Expiry Date:	22 Aug 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$27,358.00
COE Rebate Amount:	\$16,207.00
Total Rebate Amount:	\$24,981.00

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 26 Nov 2021

OK

Date/Time: 25.11.2021 08:59

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4144911

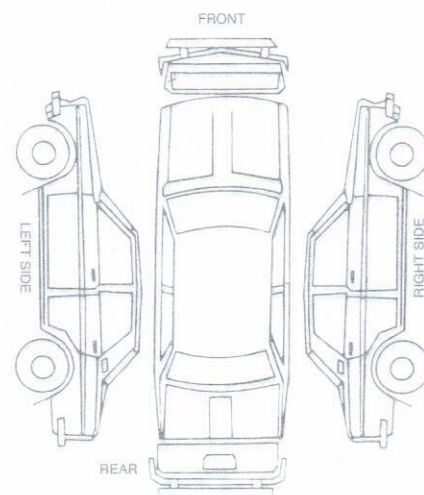
JC NO305495618

STOMER		REGN NO.: SHC7350H	MILEAGE
/MS CITYCAB PTE LTD		MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 7010070		MODEL IONIQ(G2)	DATE/TIME IN 24.11.2021 16:15
DRESS 383 SIN MING DRIVE		YR OF MANU. 23.08.2018	TARGET DATE
Singapore SINGAPORE 575717		CHASSIS CODE KMHC851CVKU106618	COMPLETION DATE/TIME:
(R) 65551188 (O)			
(P)			
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 24.11.2021
NATURE: 3P 24.11.2021

3/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHC7350H** YY

Vehicle No.: **SHC7350H**

Signature of 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	24/11/2021 18:55 (SGT)
Date of Accident	24/11/2021 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EUNOS LINK / BEDOK RESERVOIR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7350H
-----------------------------	----------

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) +65-97414932
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

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	YEO KENG HWEE
NRIC No	SXXXX037A

Date Of Birth	06/11/1963
Occupation	Outdoor
Date Of Driving Pass	21/01/1986
Driving experience	35 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97414932
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	110 RIVERVALE WALK #17-06
Address complement	-
Postcode	540110
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	DRIZZLING
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	UNKNOWN
Gender	Male

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 24/11/2021 AT ABOUT 1530HRS I STOP MY VEHICLE A SHC7350H WHEN LIGHTS TURN AMBER AT THE TRAFFIC JUNCTION OF EUNOS LINK AND BEDOK RESERVOIR ROAD. VEHICLE B SKW3525G THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER IS NOT INJURED. AS FOR MYSELF MY LOWER BACK HURTS. 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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW3525G
Vehicle Manufacturer	Audi
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOK WAI KIT
NRIC No	SXXXX041I
Contact Number	(Phone) +65-97339688
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEO KENG HWEE
Gender	Male
Phone No	(Phone) +65-97414932
Address	110 RIVERVALE WALK #17-06
Address Complement	-
Post Code	540110
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC7350H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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.

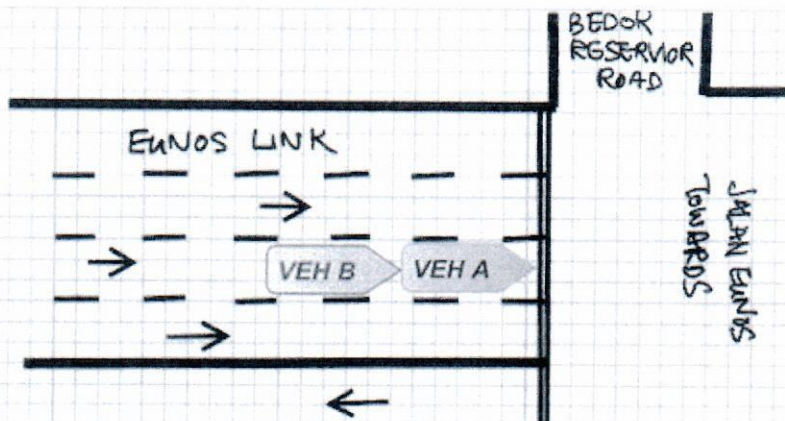
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A - SHC 7350H
B - SKW 3525G



Describe Circumstances of the Accident

ON 24/11/2021 AT ABOUT 1530HRS I STOP MY VEHICLE A SHC7350H WHEN LIGHTS TURN AMBER AT THE TRAFFIC JUNCTION OF EUNOS LINK AND BEDOK RESERVOIR ROAD. VEHICLE B SKW3525G THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER IS NOT INJURED. AS FOR MYSELF MY LOWER BACK HURTS. 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

Witnessed by Reporting Centre Personnel



24.11.2021

1655HRS



Ng Yung