CS/TMI 2101 2234/V+f3 ASSIGNMENT VUINO: SHC653E From Crate. Type: M.Car / M.Cycle / Bus / Van / Lorry / Top Prime Mover / Estimated Cost: OD/TP/WS/TP RES / OD RES / EVA / INV / MV Truck / Traller or To Inspect Vehicle No: Moko: ut Workshop m/s Colour T/Radlo: Insured / Std / NI / NA Sp.Reading Insured. Eng/No C/No: Policy No Gen. Cond: Ood / Fair / Poor / Burnt Claims No Signing: Inperor / Jammed / Leaked / Burnt or Sum Insured: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: NII SIRIM I STO AIRIM OF Make of Veh 195/65 RIS Tyro Size: 95/65/415 (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / N/S O/S Remark: The veh had commenced Its Westlah, repair at the time of inspection. TOYO/YOKO or Roar Fronl Bal. or Market Value: R/Bal. 5 R/Bal. Consistent?: Yes or No IDAC Accident Room 3 UBal. L/Bal. Consistent?: Yes or No GIA / PR Seen: 2/12/2 1600 1112/21 D.O.I. D.O.A. Res.: Yos or No Est. Repairs. 3 Val.: Yos or No Survey held at Lum Sum: OIS I NIS I UIC I Rooflop or Des. of Damages : Frt / Rear / CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date / Time Action / Instruction rebute: **FINALISE P/P \$1444** red: 807.76;35%

azottine File Pess 107 : Proll, Roport	Days Of Repair:	
: Final Report	Resurvey No. of Trip:	Survey Fee:
Selface File Return 107		Transportation:
	Add Fee: :Site Insp (\$)S+FSSI .
	: Interview (\$) Flinks
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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	839G
Vehicle No.:	SHC653E
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Dec 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Yellow
Manufacturing Year:	2019
Engine No.:	G4LEKU298121
Chassis No.:	KMHC851CVKU164728
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:	\$17,027.00
Total Rebate Amount:	\$26,412.00

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 02 Dec 2021

ОК





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

59 Loyang Drive Singapore 508969 Tel: 6214 8300

IKK-

TP INSURER:

Tokio Marine Insurance Singapore Ltd (HQ)

CCPL

Singapore

PARTICULARS OF CLAIM

Claim Type: Policy No: THIRD PARTY

Ref. No:

01/12/2021

Vehicle Reg. No.:

SHC653E,

Date of Loss: Driveable?

NO

Party At Fault:

UNKNOWŇ

Vehicle Reg.

02/07/2019

Make/Model:

HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)

Date:

GOOD

Vehicle Colour:

YELLOW

G4LEKU298121

Gen Condition: Chassis No:

KMHC851CVKU164728

Engine No: Odometer:

0 KM

Paint Type:

List Item Discount:

20.00 %

Total Loss?

NO

Est. Duration of Repair 3

(day)

Present Location:

COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS		Amount
Parts		1,421.36
Miscellaneous Items		11.00
Labour		820.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S\$)	2,252.36
	+ GST 7.00% (S\$)	157.67
	Nett Amount (S\$)	2,410.03

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 01 Dec 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: Comfo

ComfortDelGro Engineering Pte Ltd/SHC653E/01/12/2021 16:02

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	20.00	0.00	*459.40 FL X V
2	1		*REAR BUMPER CENTRE MOULDING	20.00	0.00	*451.25FL/SC
3	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL Me
4	1		*REAR BUMPER TOW COVER	20.00	0.00	*98.80 FL X5U
5	1		*REVERSE SENSORS	0.00	0.00	*180.00 F /Cu-
6	1		*REAR BUMPER FOGLAMP	20.00	0.00	*201.50 FL XS
7	2		*REAR FENDER ADVERTISEMENT STICKER RH/LH	0.00	0.00	*200.00 F/Nec
8	1		*REAR NO.PLATE WITH TRIM COVER	0.00	0.00	*55.00 F/Scr
F=Fra	nchise p	oart. L=ListIte	mDisc.			
			Sub Total (S\$)			1,667.95 ^U
			- List Item Discount on L Items (S\$)			246.59
			Total Parts (S\$)			1,421.36

ComfortDelGro Engineering Pte Ltd/SHC653E/01/12/2021 16:02. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Lim Tien Siong Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items 1 OD/TP Case (Insurer)

11.00

Sub Total (S\$)

11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Lab	our Items		
1	PANEL BEATING	New	400.00 35°
2	SPRAY PAINTING	New	300.00 250
3	R/I REVERSE SENSORS	New	120.00 7 0
		Gross Labour Cost (S\$)	820.00

ComfortDelGro Engineering Pte Ltd/SHC653E/01/12/2021 16:02. Not valid without Reference section. Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Theun Dishanto Com 822317769 2/12/21 1 600 Pll Aber para photo 2 days wp S

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:



ComfortDelGro Engineering Pte Ltd

205 Briddell Fload Singapore 579701 Mninhae + 65 6383 6280 | Pecsimila + 65 6286 9750

Maintide + up trops of the Workshops of the Bradfell Road Singapore 579701 59 Loyang Drive Singapore 568969 383 Sin Ming Orive Singapore 575717

Date/Time: 01.12.2021 15:36 Page: 1

ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4147526

JC NO305496379

DMER CITYCAB PTE LTD 3 7010070 DMER NO 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188

REGN NO.: SHC 653E MILEAGE FUEL HYUNDAI E.....1/2... MODEL IONIQ(G2) 01.12.2021 14:05 YR OF MANU. 7.2019 TARGET DATE CHASSIS CODE KMHC851CVKU164728 COMPLETION DATE/TIME:

cident Date: 01.12.2021

FURE: 3P 01.12.2021

VΟ 010

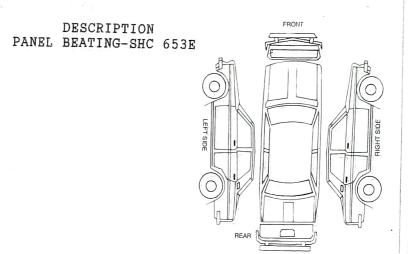
UNT CARD NO.

am:

LABOR CODE

PB

JOB DESCRIPTION



SERVICE ADVISOR		CUSTOMER'S SIGNATURE			
SERVICE ADVICOR	T	-			
	4.00				
PASSED OUT BY:					
	and the second s	and the second s	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		
		,			

ent Slip

SHC 653E LIMTS

Exit Pass Vehicle No.:

SHC 653E

Advisor Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

Service Reception upon collection

SJ0421C1000Q / JP Knights Pte Ltd ENTRY DATE & TIME: 01/12/2021 18:46 (SGT) SUBMITTED BY: Kavi VERSION: 1 (01/12/2021 18:46 (SGT))

© 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 witholding 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 01/12/2021 18:46 (SGT) Date of Accident 01/12/2021 10:20 (SGT) **Exact Location of Accident** PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC653E

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) +65-81251082 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 Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto 1580 CC

INSURANCE COMPANY

AXA Insurance Pte Ltd Name of Insurance Company Type of Coverage ThirdPartyFireTheft Yes Fleet Policy VFX/P2419140 Policy Number Cover Note Number

DRIVER

LEWIS LOW SAN SAN SXXXX430H

02/09/1974 Date Of Birth Outdoor Occupation 11/08/1999 **Date Of Driving Pass** 22 YEARS AND 4 MONTHS Driving experience Male Gender (Phone) +65-81251082 Mobile Number Alt. Phone Number fleetsafety@cdgtaxi.com.sg **Email Address** 541 HOUGANG AVENUE 08 #08-1203 Address Address complement 530514 Postcode No Is the driver the policyholder? RELIEF DRIVER If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface 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? PASSENGER 1 UNKNOWN Name Male Gender PASSENGER 2 UNKNOWN Name Female Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON THE 01122021 AT ABOUT 1020 HOURS, I WAS DRIVING VEHICLE A (SHC653E) LANE 1 ALONG PIE (TUAS) WHEN THERE IS PILE UP TRAFFIC AHEAD AND I HAVE BRAKED TO A HALT WHEN SUDDENLY VEHICLE B (SJD8090Y) WAS UNABLE TO BRAKE IN TIME AND REAR ENDED ME. NOBODY WAS INJURED. 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? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please report payrabilly the details of the accident to secure us the eletine process.
- 2. The Perm must be completed by the Policyholder and/or the Authorised belver
- 2 Information provided must be as truthful and accurate as possible, try a the microprocentation or a trividing of material land accurate may also incurrence companies to repudded policy liability.
- 4. The lease and acceptance of this florrichy treurance companies is not an admission of policy labelity on the part of the increases
- 5. Any false reporting may be referred to the fullice for investigation
- 6. The region will be turn ented by the incurrer of the SM. Decords Management Carities established by the Seneral Incurrers Association
- of Singapore (CLA) for excitiving and that copies of this require a lifer a few to media evaluable upon septimation by intersected parties
- 7. By the tedgement of this report to the Insurers, you havely consent to the architolog of this report at the centre and is copies of the report being made evaluable atomissis.
- E Consent under the Personal Date Protection Act/PDPA

Lunderstend acknowledge agree and concert that

(a) My insurer , my v. orlicthop and the Centeral Insurance Association of Singapiera ("BIA") may/ore parmitted to collect, use, disclose and/or process my personal ideta/personal information set out in this fform), and any other parasonal information provided by major possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurance) who have insured vehicle(s) involved in this accident (all insurance) who have insured vehicle(s) involved in this accident shall be collectively referred to set the "Insurance"). The trisurers law yers/lew firms, the Monetary Authority of Singapore and any relevant povernment agency/authority (such as the police), for the purpose(s) of

- (i) processing, handling entire dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
- (ii) investigating the accident end/or my claims
- (iii) certying out end/or dealing with my instructions or responding to any enquiries by me
- (iv) administering my claims (including the maling of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal date about me to bring about delivery of the same as wied as on the external cover of emislopes/mail peckages), and/or
- (v) complying with applicable law in administering processing, handling and/or dealing with my claims

(collectively the "Purposes"

- (8) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose end/or process my/fersonal information for one or more of the above Purposes; and
- (c) my Personal Miormation 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 stied outside of Singapore, for one or more of the above Purposes.

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

8 Time

Of 12 21 1430

A - SHC 653E
B - STD 8090Y

SJD8090Y Vehicle Registration Number Honda Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car PARTHIBAN S/O BALACHANDRAN Name of Driver SXXXX687F NRIC No (Phone) +65-97676550 Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident

No. Of Passenger (Including Driver)

Describe Circumstances of the Accident

ON THE 01122021 AT ABOUT 1020 HOURS, I WAS DRIVING VEHICLE A (SHC653E) LANE 1 ALONG PIE (TUAS) WHEN THERE IS PILE UP TRAFFIC AHEAD AND I HAVE BRAKED TO A HALT WHEN SUDDENLY VEHICLE B (SJD8090Y) WAS UNABLE TO BRAKE IN TIME AND REAR ENDED ME. NOBODY WAS INJURED.

Declaration

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

Policyholder's Signature / Date &

Witnessed by Reporting Centre Personnel