

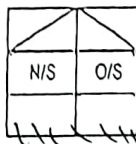
File No: Thuan

CS/TMI 21012234/Utfs

# 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: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHC653E ✓ Yr Regn: 2/7/19  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Primo Mover  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai ioniq cc 1580  
 Colour: Yellow NC: Insured / Std / NI / NA  
 Sp. Reading: 299364 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: hmt/c85/cuhu164728  
 Gen. Cond: 8 Good / Fair / Poor / Burnt  
 Steering: 8 In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / ASIR / STD / A/Rim or \_\_\_\_\_  
 Tyre Size: F: 195/65 R15  
 R: 195/65 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Westlake

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>11/2/21</u>	D.O.I. <u>2/12/21 1600</u>

Survey held at Comfort  
 Des. of Damages: Frt / Rear / O/S / NIS / UIC / Roof/Top or \_\_\_\_\_

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	rebate: 26112 ✓

Date/Time File Pass to? ☐ : Proff. Report  
 1) ☐ : Final Report  
 Date/Time File Return to? \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Inve (\$ \_\_\_\_\_)  
☐ : Wash & Sand (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
_____ S + RS. _____ SI	
Fines:	
Others:	
TOTAL:	

Request Formed:

Date/Time File Return to?

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	839G

Vehicle Details

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

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 02 Dec 2021

OK

## ComfortDelGro Engineering Pte Ltd

85 Loyang Drive  
Singapore 548085  
Tel: 65 6 77 7777

TP INSURER  
CCPL

Tokio Marine Insurance Singapore Ltd (MIO)

Singapore

## PARTICULARS OF CLAIM

Claim Type	THIRD PARTY	Ref No	
Policy No		Date of Loss	01/12/2021
Vehicle Reg No	SMD653E	Drivable?	NO
Party At Fault	UNKNOWN		
Make/Model	HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A)	Vehicle Reg Date	02/07/2019
Vehicle Colour	YELLOW	Gen Condition	GOOD
Engine No	G4LEKU298121	Chassis No	KMHCB51CVKU164728
Odometer	0 KM		
Paint Type			
List Item Discount	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
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
<b>Gross Total (S\$)</b>	<b>2,252.36</b>
<b>+ GST 7.00% (S\$)</b>	<b>157.67</b>
<b>Nett Amount (S\$)</b>	<b>2,410.03</b>

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

## REPAIR DETAILS

## Reference

Part Source: MOM 00 Version: 1.1 (Self-Synchronising) 1/1/2021  
 Parts: 102 (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021)  
 Labour: Repairs (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021) (10/10/2021)  
 Print Code: ComfortDelGro Engineering Pte Ltd/SHC653E/01/12/2021 16:02  
 Validity: These estimates are valid only if they contain the part code (above) or all estimate pages, running code numbers with the (MD) OF L & T (MATE) & number 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	%Degr	Amount
1	1		*REAR BUMPER	20.00	0.00	*150.40 FL /FF
2	1		*REAR BUMPER CENTRE MOULDING	20.00	0.00	*45.125 FL /SCF
3	10		*REAR BUMPER CLIPS	20.00	0.00	*72.00 FL /PAC
4	1		*REAR BUMPER TOW COVER	20.00	0.00	*98.80 FL /GUS
5	1		*REVERSE SENSORS	0.00	0.00	*180.00 F /Part
6	1		*REAR BUMPER FOG LAMP	20.00	0.00	*20.150 FL /X.S.V.E
7	2		*REAR FENDER ADVERTISEMENT STICKER R/L/H	0.00	0.00	*200.00 F /PAC
8	1		*REAR NO PLATE WITH TRIM COVER	0.00	0.00	*55.00 F /SCF

\* = franchise part, L = left item, R = right item

Sub Total (\$\$)

1,667.95

- List Item Discount on L Items (\$\$)

246.59

Total Parts (\$\$)

1,421.36

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

## Estimates on Miscellaneous Items

No. Particulars

Miscellaneous Items

1 1 (DIT Case Insured)

Gross Total (\$\$)

11.00

## Estimates on Labour

No. Particulars

Lab Type

Amount

Labour Items

1 PANEL BEATING

New

100.00 23.00

2 SPRAY PAINTING

New

400.00 23.00

3 R/R REVERSE SENSORS

New

120.00 23.00

Gross Labour Cost (\$\$)

620.00

ComfortDelGro Engineering Pte Ltd/SH0652E/01/12/2021 16:02 Not valid without Reference section  
Generated using Merimen & Claims IEAS

< END OF ESTIMATES >

Thruvan @ LKX Auto (on)

\$2237269

2/12/21 1600

1/1/21 after parts photo

2 days w.p.

LKX 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:

ADD: Request: TT (TR)

CITYCAR PTE LTD  
7010070  
302 SIN HING DRIVE  
SINGAPORE SINGAPORE 575727  
65551188

**JOB CARD**

Job No: 4041126

Page 1

215496279

Job Date: 11/12/2021

Job Time: 11:00 AM

Job Location: 100701021

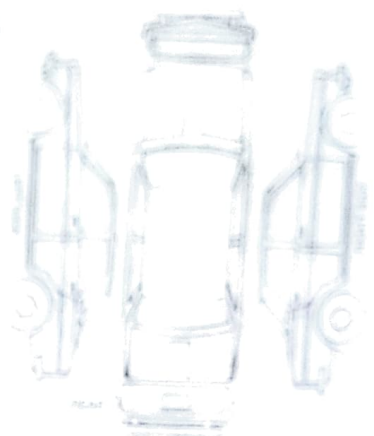
Job Status: 2019

11/12/2021 14:05

Job Description: 100701021

Job Description

**DESCRIPTION**  
**PANEL BEATING-SHC 653E**



VC: 2010  
LABOR CODE: PB

Client Date: 01/12/2021  
PURE: 31/01/2021

APPROVED BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

SHC 653E

LIMTS

Exit Pass

Vehicle No:

SHC 653E

Signature/Date

Signature/Date

Name of Service Advisor

Date

id to Service Receipt upon completion

To be kept by Security Guard



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTES

1. Please ensure correctly the details of the accident is entered in the online system.
2. This form must be submitted by the Insured/Policyholder or the Authorized Driver.
3. Information provided must be true and correct. Any false information is a violation of the Insurance Act and may result in the suspension of the insurance policy.
4. The Insured/Policyholder of this form by Insurance Corporation is not an admission of liability for the accident at the insurance corporation.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded to the Insurers of the TMS (Traffic Management System) established by the General Insurance Association of Singapore (GIAS) for monitoring.
7. By the Insured/Policyholder of this report, the Insured/Policyholder is the provider of the report to the Insurers and is liable if the report is found to be false.

## ACCIDENT STATEMENT

Date of Submission: 01/12/2021 18:48 (SGT)  
 Date of Accident: 01/12/2021 18:20 (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 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: LEWIS LOW SAN SAN  
 NRIC No: SXXXX430H

Date Of Birth	02/09/1974
Occupation	Driver
Date Of Driving Pass	11/08/1999
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Private) 065-81251082
Alt. Phone Number	-
Email Address	timothy@redgry.com.sg
Address	541 HICKLAND AVENUE OR 08 009-1201
Address complement	-
Postcode	530514
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RETIRED 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	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 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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SJ0421C1000Q
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	PARTHIPAN S(1) RAJAGOPALAN
Contact Number	SXXXXX6871
Address	(Phone) +65 97676550
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 willful 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' law firms/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' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

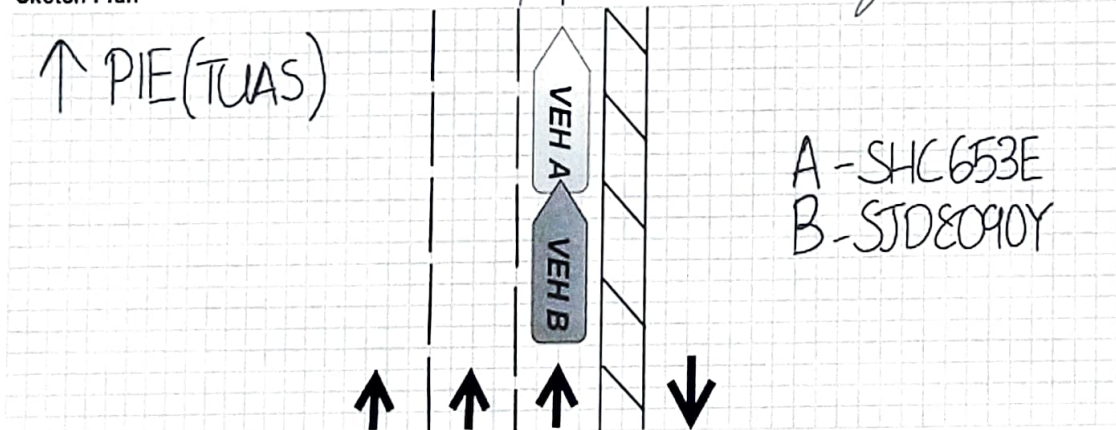
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 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 & Time

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

Witnessed by Reporting Centre Personnel

01/12/21 1430