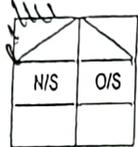


ASSIGNMENT

SHD3985-1/618 119

From: _____ Date: _____
 Estimated Cost: _____
 QD/TP/WS/TPRES/ODRES/EVA/INV/MV
 To Inspect Vehicle No: SHD 3985Y
 at Workshop m/s _____
 of _____
 Insured: SMJ 7612E
 Policy No: _____
 Claims No: MT/1153193-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: Hyundai i30 Yr Regn: 618 119
 Type: M/Car / M/Cycle / Bus / Van / Carry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai i30 c.c. 1510
 Colour: blue AC: Insured / Std / III / HA
 Sp. Reading: 240486 T/Radio: Insured / Std / III / HA
 Eng/No: _____
 C/No: kmx1c8s1cuh1b5192
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Good / Jammed / Leaked / Burnt or _____
 Brake: Good / Jammed / Leaked / Burnt or _____
 Modi: III / R/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. 11/2/21 D.O.I. 21/2/21 1545
 Survey held at Comfort
 Des. of Damags: Rear / O/S / N/S / U/C / Rooflop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.



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: 20 % Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	Rebate: 23662
	Confirmed L/S \$1000, 2 repair days
	(RED \$3443.04; 77%)

Date/Time File Pass to? : Prel. Report
 19/12 TYPIST : Final Report
 Date/Time File Return to?

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Wash and ... (\$ _____)

Survey Fee:	_____
Transportation:	_____
S + P.S. \$:	_____
Fuel:	_____
Other:	_____
TOTAL:	_____

Request Fee: TP
\$1000

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: B21R

Vehicle Details

Vehicle No: 51HD3985Y

Vehicle to be Exported: No

Intended Deregistration Date: 02 Dec 2021

Vehicle Make: HYUNDAI

Vehicle Model: AE IONIQ HEV 1.6 DCT

Primary Colour: Blue

Manufacturing Year: 2019

Engine No: G4LEKU300537

Chassis No: KMHCB51CVKU165192

Maximum Power Output: 103.6 kW (138 bhp)

Open Market Value: \$25,018.00

Original Registration Date: 06 Aug 2019

First Registration Date: 06 Aug 2019

Transfer Count: 0

Actual ARF Paid: \$12,026.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 05 Aug 2027

PARF Rebate Amount: \$9,019.00

Intended COE Rebate Details

COE Expiry Date: 05 Aug 2027

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 8

PQP Paid: \$23,463.00

COE Rebate Amount: \$16,643.00

Total Rebate Amount: \$25,662.00

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

REPAIR ESTIMATE*

VEHICLE NO SMD3985Y ✓
 MAKE REG.06.08.2021
 MODEL : HYUNDAI IONIQ G2

DATE 01/12/2021 16.10

L/S

CHIANG / NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER COVER			QTY ✓ \$430.90
1	FRONT BUMPER BRACKET LH			QTY ✓ \$35.00
1	HEADLAMP LH			SVL X \$1,993.60
1	FRONT BUMPER MOULDING CENTRE UPPER E RH			SVL X \$368.50
1	DAY LIGHT LH			SVL X \$642.50
1	FRONT BUMPER GRILLE LH			SVL X \$186.90
1	FRONT WHEEL HUB COVER LH			0 D/N/C X \$346.40
	SUB TOTAL			\$4,003.80
	20.00%			\$800.76
	DISCOUNTED TOTAL			\$3,203.04
	Labour Charge			350 \$520.00
	Panel Beating			300 \$600.00
	Spray Paint			NW X \$60.00
	Reset front wheel alignment			20 \$60.00
	Check lighting			
	TOTAL LABOUR			\$1,240.00
	ESTIMATE TOTAL			\$4,443.04

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.

Thuan@lkhauto.com
 822 35769
 2/12/21 1545
 L/S ✓ after repair photo
 ✗ 2 days w/p ✓

- 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

Year: 2012

JOB CARD

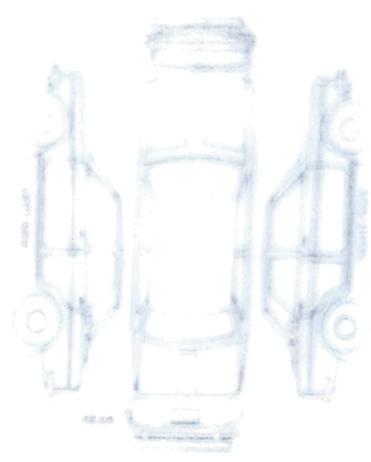
WORK ORDER NO. 123456789
DATE: 01/12/2021
TIME: 08:00 AM

VEHICLE NO. SHD3985Y
MAKE: KIA
MODEL: NIVIO
YEAR: 2012
COLOR: WHITE
VIN: KNDAA4L49E312345678

Incident Date: 01/12/2021
Incident Time: 08:00 AM

DESCRIPTION

NO	LABOR CODE	DESCRIPTION
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VEHICLE PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature

Exit Pass

No. SHD3985Y

CHIANG

Vehicle No.

SHD3985Y

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTES

1. Please refer to [Section 1](#) of the Road Traffic Act for details on the offence of driving without a licence.
2. This form will be completed by the party who is liable for the accident.
3. Information provided must be accurate and complete. If a party is unable to provide the required information, the other party may be required to provide the information.
4. The party who provides the information may be held liable for providing incorrect, false or incomplete information.
5. Any false reporting may be referred to the police for investigation.
6. This report will be provided to the relevant authorities for their use. It may be used for legal proceedings, including prosecution, and may be used for other purposes.
7. The information provided must be accurate and complete. If a party is unable to provide the required information, the other party may be required to provide the information.

ACCIDENT EXPERIMENT

Date of Submission:	17/11/2023
Date of Accident:	17/11/2023
Time / Location of Accident:	08:30am, 01A, Singapore 119973
Additional / Specific Information:	
County/State of Case:	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number:	QUL30MR29
<u>INSURANCE INFORMATION</u>	
Is company?	Yes
Name of Registered Owner:	COWI Q&T TRANSPORTATION PTE LTD
Company Reg No:	1929899210
Email Address:	techsafety@edigitaw.com.sg
Mobile Phone No:	(Phone) +65-90622011
Alternative Phone No:	(Office) +65-63328754

VEHICLE PARTICULARS

Manufacturer:	Hyundai
Model:	Kona
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:	VF X/P2419138
Cover Note Number:	.

DRIVER

Name of Driver:	TAY KWANG HWEI
NRIC No:	SXXXX164D

Date Of Birth	27/09/1964
Occupation	Outdoor
Date Of Driving Pass	04/03/1982
Driving experience	39 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98623831
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	122B SENGKANG EAST WAY #02-17
Address complement	-
Postcode	542122
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	Side Swipe
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)	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 01/12/2021 AT ABOUT 1610HRS I WAS DRIVING MY VEHICLE A SHD3985Y ON THE MOST RIGHT LANE EXITING TAKASHIMAYA TAXI STAND. I WAS IN THE QUEUE TO THE EXIT WHEN VEHICLE B SMJ7612E CUT INTO MY LANE AND SIDE SWIPE HER VEHICLE B RIGHT SIDE ONTO MY STATIONARY VEHICLE A LEFT FRONT. NO ONE WAS INJURED. 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 IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ7612E
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG SHAU JING

XXXXXXXXXX
XXXXXXXXXX

Vehicle No.
Contact Number
Address
Address complement
District
Insurance Company Name
Rate of Coverage
Details of property damaged in accident
No. of Passengers including Driver

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please read carefully the details of the accident to assist in the investigation.
- 2. This form must be completed by the Policyholder and/or the Motorist Driver.
- 3. Information provided must be as truthful and accurate as possible. Any form of misrepresentation or withholding of information may affect the insured's entitlement to appropriate policy benefits.
- 4. The insured and driver(s) of the vehicle(s) involved is/are responsible to call an ambulance or police, death, or the call of the insurance company.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be sent to the Insurers of the Motor Vehicle Insurance Corporation of Singapore (MVIC) for processing and handling of the claim. It is a tax free mode provided upon application to the relevant Insurers.
- 7. The Insurers of the report is the Insurers who handle claims in the processing of the report of the accident and is copies of the report being made available whenever.

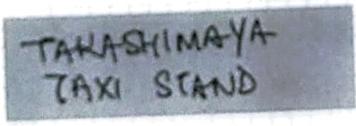
- 8. I warrant under the Personal Data Protection Act (PDPA):
 - (a) I declare that my name, telephone number and address are correct.
 - (b) I declare that I am aware and the Motor Vehicle Insurance Corporation of Singapore (MVIC) Insurers permitted to collect and disclose your personal information for processing of the claim and any other personal information provided to me or processed by my Insurers (including the Personal Information) and disclose and transfer such Personal Information to all Insurers of the Motor Vehicle Insurance Corporation of Singapore (including all Insurers) to the Motor Vehicle Insurance Corporation of Singapore and any relevant government agencies/authorities (such as the Police) for the processing 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, notices, reports or notices to me, which could involve disclosure of certain personal data about me to third party delivery) of the same as well as at the external cover of employment/colleagues) and/or;
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - (c) all Insurers who have insured vehicle(s) involved in this accident and the Insurers' law firm/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
 - (d) my Personal Information may/can be disclosed by any of the Insurers and/or QIA to their third party service providers or agents (including their law firm/law firms) which may be based 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
 2.12.20x1 0940 RS

Witnessed by Reporting Centre Personnel
 Kyi Yang

Sketch Plan
 A-SHD 3985Y
 B-SMJ 9612E



Describe Circumstances of the Accident

ON 01/12/2021 AT ABOUT 1610HRS I WAS DRIVING MY VEHICLE A SHD3985Y ON THE MOST RIGHT LANE EXITING TAKASHIMAYA TAXI STAND. I WAS IN THE QUEUE TO THE EXIT WHEN VEHICLE B SMJ7612E CUT INTO MY LANE AND SIDE SWIPE HER VEHICLE B RIGHT SIDE ONTO MY STATIONARY VEHICLE A LEFT FRONT. NO ONE WAS INJURED. 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

02.12.2021

0945HRS

Witnessed by Reporting Centre Personnel

