FIGURE THOUGH

"LE: CC4/AI6266/2395/ga3

ASS	GRMENT		
From: Cale.	Veh No: SHA43992 / Yr Rogn: 30/4/19		
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / (ax)/ Prime Mover /		
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle No:	Mako: Hyundai loni9 c.c 1580		
at Workshop m/s	Colour DIAC AC: Insured/Std/NI/NA		
ol	Sp.Reading 3(9504 T/Radio: Insured / Std / NI / NA		
Insured:	Eng/No:		
Policy No.	CINO: 7mHC851CUHU146197		
Clains No.	Gen. Cond: GOD / Fair / Poor / Burnt		
Sum Insured: Excess:	Sleering: Induor / Jammod / Leaked / Burnt or		
(Client's Record)	Brake: Inorder! Jammed / Leaked / Burnt or		
Make of Veh:	Modi: NII / SIRIm / STD A/RIm or .		
	100/1000		
(Delice Condition)	10-17-01		
(Policy Condition)  Remark: The veh had commenced Its  N/S O/S			
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
	TOYOTYOKO or Westlahe		
Bal. or Market Value:	Fron! Roar		
	R/Bal. S mm R/Bal. S mm		
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 5 mm L/Bal. 5 mm		
·	0.01. 7/12/21 400		
Lum Sum: 3 Val.: Yos or No	Survey held at CDGE		
CA / REV / REP. / 24 HRS	Des. of Damages (Frt.) Rear   O/S   N/S   U/C   Rooflop or		
Vehicle: IN / OUT Date: Person Contacted:			
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.		
rebate: 22977			
	7		
CaseTime Fie Pass to? : Prell. Report Da	ys Of Repair:		
<del>                                     </del>	survey No. of Trip: Survey Fee:		
Date/Time. File Parturn Io?	Transportation:		
Add Fee:	: Site Insp (\$ )s • Rssi		
<u></u>	l lologieur (\$		
ू ें <del>किंद्रान्दर्ग Formus</del> :			
Livery Page 11. P.J.: 12			
Secretary Control of the Control of	When end in		
	1000		

**REPAIR ESTIMATE\*** 

VEHICLE - SHA4399Z

MAKE REG.30.04.2019

MODEL

· HYLINDALIONIO G2

DATE 07/12/2021 10.30

CHIANG /AIG

NODEL	: HYUNDAI IONIQ G2		CHIANG /AIG	,
Qty	Parts Description/ Labour	Туре	Unit Price	Amount
	1 FRONT BUMPER COVER			\$430.90
	1 FRONT BUMPER BRACKET LH			\$35.00
	1 HEADLAMP LH			\$1,993.60
	1 FRONT BUMPER MOULDING CENTRE UPPER E R	1		\$368.50
	1 DAY LIGHT LH			\$642.50
	1 FRONT BUMPER GRILLE LH			\$186.90
	1 FRONT WHEEL HUB COVER LH			\$346.40
	SUB TOTAL			\$4,003.80
	20.00%			\$800.76
	DISCOUNTED TOTAL			\$3,203.04
	Panel Beating Spray Paint Reset front wheel alignment Check lighting TOTAL LABOUR ESTIMATE TOTAL			\$520.00 \$600.00 \$60.00 \$1,240.00 \$4,443.04
	L		hiele. The final recair	cuantum will

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 constraint bompanyily

Theran Olphanso. (om
82235769
7/12/21 1700
L/S after repair photo
3 clays way wp

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:



امهم ا

#### ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Fagsimile + 65 6280 9755

Workshops 205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 576**7**17

Date/Time: 07.12.2021 14:17

Page: 1

JOB CARD Sales Order: 4149405 JC NO305497152 Team: ARC Repair TP(CLSO)1 REGN NO.: SHA4399Z MILEAGE USTOMER COMFORT TRANSPORTATION PTE LTD FUEL. R/MS HYUNDAI 7010045 E.....F USTOMER NO. 7010045 07.12.2021 11:25 MODEL IONIQ(G2) DDRESS Singapore SINGAPORE 575717 TARGET DATE 65508755 YR OF MANU. 30.04.2019 EL. (R) (P) COMPLETION DATE/TIME: CHASSIS CODE KMHC851CVKU146197 SCOUNT CARD NO.

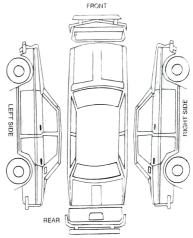
JOB DESCRIPTION

Accident Date: 07.12.2021 NATURE: 3P 07.12.2021'

S/NO

LABOR CODE

DESCRIPTION



			REAR .
			÷
HECKED & PASSED OUT BY:			
SERVICE ADVIS	OR		CUSTOMER'S SIGNATURE
owledgement Slip		Exit Pass	
e: lo.: sle No.: SHA4399Z	CHIANG	Vehicle No.: SHA4399Z	
e of Service Advisor	Signature/Date	Name of Service Advisor	Date
e returned to Service Reception upo	on collection	To be kept by Security Guard	

#### > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	821R
Vehicle No.:	SHA4399Z
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Dec 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU211302
Chassis No.:	KMHC851CVKU146197
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,872.00
Original Registration Date:	30 Apr 2019
First Registration Date:	30 Apr 2019
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$11,821.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Apr 2027
PARF Rebate Amount: Intended COE Rebate Details	\$8,865.00
COE Expiry Date:	29 Apr 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,940.00
COE Rebate Amount:	\$14,112.00
Total Rebate Amount: Message	\$22,977.00
Place note that the Rayear COE for this vehicle cannot be fur	they renewed. The vehicle must be do registered upon COE expiry or when the

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 08 Dec 2021

ОК

SJ0421C7000O / JP Knights Pte Ltd ENTRY DATE & TIME: 07/12/2021 15:05 (SGT) SUBMITTED BY: Kavi VERSION: 1 (07/12/2021 15:05 (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** 07/12/2021 15:05 (SGT) **Date of Accident** 07/12/2021 10:30 (SGT) **Exact Location of Accident** Havelock Rd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Hyundai

Auto

1580

Vehicle Registration Number SHA43997

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 1XXXXX821R **Email Address** fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-93887891 Alternative Phone No (Office) +65-65508768

#### VEHICLE PARTICULARS

**INSURANCE COMPANY** 

Manufacturer

Model Ae ionig 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

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Yes **Policy Number** VFX/P2419138 Cover Note Number

#### DRIVER

CC

Name of Driver LIM LOONG MONG NRIC No SXXXX657B

26/12/1951 Date Of Birth Outdoor Occupation 18/11/1980 Date Of Driving Pass 41 YEARS AND 1 MONTH Driving experience Gender .... (Phone) +65-93887891 Mobile Number Alt. Phone Number fleetsafety@cdgtaxi.com.sg Email Address 499 JURONG WEST STREET 41 #14-800 Address Address complement 640499 Postcode No Is the driver the policyholder? 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 Side Swipe 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 **JASMINE** Name Female Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 07/12/2021 AT ABOUT 10:30HRS, I WAS DRIVING VEHICLE A ( SHA4399Z) ALONG HAVELOCK ROAD TOWARDS CITY. WHILE TRAVELLING STRAIGHT ON FIRST LANE, VEHICLE B ( SLT830Z) WHICH WAS ON SECOND LANE CUT INTO FIRST LANE SUDDENLY AND GRAZED ONTO VEHICLE A LEFT SIDE. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes FILE IS NOT SUITABLE Reasons for not uploading a video of the accident Was there any audio recorded?

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT830Z
Vehicle Manufacturer -



Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	•
Vehicle Category	Private car
Name of Driver	HO HUANG ENG
NRIC No	
Contact Number	SXXXX595J
Address	(Phone) +65-96284060
Address complement	•
Postcode	-
Insurance Company Name	-
Nature Of Damage	•
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
140. Of Fassenger (including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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
- 5 Any false reporting may be referred to the Police for investigation
- 6. The report will be forw arded 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)
- Eunderstand, acknowledge, agree and consent that
- (a) My insurer , my w orkshop 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) w he 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 yers/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
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing w ith 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 law yers/law firms), which may be sited 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 200 H

Sketch Plan

Vehicle B Vehicle A Mondeule Vall - Chandle (200 - 00) Personnel

B- SLT 830Z

A - SHA 43992

### Describe Circumstances of the Accident

ON 07/12/2021 AT ABOUT 10:30HRS, I WAS DRIVING VEHICLE A ( SHA4399Z) ALONG HAVELOCK ROAD TOWARDS CITY. WHILE TRAVELLING STRAIGHT ON FIRST LANE, VEHICLE B ( SLT830Z) WHICH WAS ON SECOND LANE CUT INTO FIRST LANE SUDDENLY AND GRAZED ONTO VEHICLE A LEFT SIDE. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

#### Declaration

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

ure (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel