STATEGER: Throan "ELE PUTAL NS/I	NC21012446/Vqc
a registrate des de appendient gara en la	SIGNMENT
From Crate.	Veli No: SHD3245A Yr Rogn: 13/Ko4/18 Type: M.Car I M.Cycle I Bus I Van I Lorry (Taxy) Prime Mover I
Estimated Cost:	Truck / Trailer or
OD ITP I WS ITP RES OD RES / EVA / INV / MV	1.00
To Inspect Vehicle No:	AIC: Insured I Std I NI L NA
U Workshop m/s	- SOLAGG
0	Sp. Kedoing
Insured:	Eng/No: HW+1C85/CVHU 107 56/
Policy No.	C/No: r(M+1283 / LV/IQ (3 + 30)
Claims No. MT/1154443-001	Sleering: Inqueer / Jammed / Leaked / Burnt or
Sum Insured: Excess:	
(Client's Record)	Modi: NII / S/RIm / STD A/RIm or
Make of Vch:	- Inclience
	Tyro Size: F: 195/65 RUS
(Policy Condition)	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Remark: The yeh had commenced its N/S O/S	TOYOTYOKO OF WOSTLAHE
repair at the time of inspection.	
Bal, or Market Value:	Fron Roor Roar - R/Bal. 5 mm
IDAC Accident Rport: Consistent? ; Yes or No	11001,
GIA / PR Seen: Consistent?: Yes or No	D.O.A. 7/2/2/ D.O.I. 6/N/2/ 15/5
Est. Repairs. Z days Res.: Yos or No	Survey held al Comfort (CDGE)
Lum Sum: 3 Val.: Yos or No	Des. of Damages: Frt 1 (Rear) O/S / N/S / U/C / Rooflop or
CA (REV / REP. / 24 HRS	
Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
r.batc: 24283	
09/12/21 Thevan finalised with Mr Chiang LS	\$ 1050, 2 days (Red \$1577.42, 60%)
;	
	Davis Of Panalet
Constitute File Pass to? Proll, Report	Days Of Repair: 2 Resurvey No. of Trip: 1 Survey Fee:
114/12 Typist : Final Report	Rosurvoy No. of Trip: 1 Survey Fee:
Date Time File Return to? Add Fed	
, 1	Interview (\$) Frinks
fine.	Tech, Invs (3) Oliver
Few ort Folia 1: TP	Whelend the
Lucy (140 1050	and the second

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO

SHD3245A

MAKE REG 13.09.2018

02/12/21

CHIANG/NTUC

07,	IONIQ G2	Туре		Amount
ty	Parts Description/ Labour	туре		\$459.4
-	REAR BUMPER			\$55.8
1	REAR BUMPER SIDE BRACKET RH			\$394.8
1	REAR BUMPER REINFORCEMENT			\$451.2
1	REAR BUMPER CENTRE MOULDING		\$85.30	\$170.6
	REAR NUMBER PLATE LAMP		7-	\$45.0
	REAR SMART KEY SENSOR			\$43.0 \$94.6
1	REAR BUMPER TOW COVER			\$41.4
	REAR BUMPER REFLECTOR RH		\$2.20	\$22.0
10	REAR BUMPER CLIPS		Ċ	\$1,734.9
	SUB TOTAL			\$346.9
	20.00%		ļ	\$1,387.9
	DISCOUNTED TOTAL			
				\$180.00
10	EAR REVERSE SENSOR		-	\$180.00
	EAR NUMBER PLATE W/HOLDER			\$50.00
	EAR BUMPER MAT			
1	LAN DOWN TWO			\$279.50
l a	abour Charge			\$450.00
- 1	anel Beating			\$300.00
- 1	ray Painting Charge			\$60.00
	eck Lighting and Wiring			\$60.00
- 1	ff Kote			\$90.00
	move/refix Reverse sensor			\$60.00
	TOTAL LABOUR			\$960.00
	ESTIMATE TOTAL			\$2,627.42
This	is an initial estimate based on a visual inspection of the a	bove vehic	le. The final repair qua	ntum will
he n	repared after the vehicle is surveyed by a motor Surveyor	appointed	by the insurance com	pany.

Thevane Lthauto. low 82235769 6/12/21 |5/5 L/S affer repair photo Zelays 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:

Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Regis	tered Vehicle
--	---------------

Pehicle Owner Particulars	Company	
Owner ID Type:	821R	
Owner ID:		
/ehicle Details	SHD3245A	
/ehicle No.:	No	
/ehicle to be Exported:	07 Dec 2021	
ntended Deregistration Date:	HYUNDAI	
/ehicle Make:	AE IONIQ HEV 1.6 DCT	
/ehicle Model:	Blue	
Primary Colour:	2018	
Manufacturing Year:	G4LEJU081796	
ngine No.:	KMHC851CVKU107561	
Chassis No.:	103.6 kW (138 bhp)	
Maximum Power Output:	\$24,883.00	
Open Market Value:	13 Sep 2018	
Original Registration Date:	13 Sep 2018	
irst Registration Date:	0 0	
ransfer Count:	\$11,837.00	
Actual ARF Paid:	\$11,037.UU	
ntended PARF Rebate Details	Yes	
ARF Eligibility:	12 Sep 2026	
ARF Eligibility Expiry Date:	\$8,877.00	
ARF Rebate Amount:	φ 0,077.00	
ntended COE Rebate Details	12 Sep 2026	
OE Expiry Date:	A - Car up to 1600cc & 97kW (130bhp)	
OE Category:	8	
OE Period(Years):	\$25,872.00	
QP Paid:	\$15,406.00 \$15.406.00	
OE Rebate Amount:	\$24,283.00	
otal Rebate Amount:	\$24,200.00	
Message	or ther renewed. The vehicle must be de-registered upon COE expiry or whe	

vehicle reaches its statutory lifespan (if applicable), whichever is earlier.
The information contained herein is correct as at 07 Dec 2021

ОК



14

ComfortDelGro Engineering Pte Ltd

203 Brainfell (four Singapore 77970) Meinhoe + 88 8381 6281 Faceirolla - 65 8260 9765

Workishops 205 Braddelt Hoard Singapore 579701 39 Loyang Drive Singapore 508899 383 Sés Ming Drive Singapore 975717 Date/Time: 06.12.2021 12:41

Page: 1

JC NO305496872 JOB CARD Sales Order: 4148157 ARC Repair TP(CLSO)1 Team: MILEAGE REGN NO SHD3245A CUSTOMER COMFORT TRANSPORTATION PTE LTD FUEL MAKE HYUNDAI E.....1/2..... MR/MS 7010045 06.12.2021 10:45 CUSTOMER NO. 383 SIN MING DRIVE MODEL IONIQ(G2) ADDRESS Singapore SINGAPORE 575717 TARGET DATE YR OF MANU. 13.09, 2018 65508755 (O) TEL (R) COMPLETION DATE/TIME (P) CHASSIS CODE KMHC851CVKU107561 DISCOUNT CARD NO.

JOB DESCRIPTION

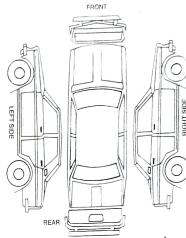
Accident Date: 02.12.2021

NATURE: 3P 02.12.2021

S/NO

LABOR CODE

DESCRIPTION



			REAR
CHECKED & PASSED OUT BY:			
SERVICE ADVISO	R		CUSTOMER'S SIGNATURE
knowledgement Slip		Exit Pass	
ne: No.: icle No.: SHD3245A	CHIẨNG	Vehicle No.: SHD3245A	
ne of Service Advisor	Signature/Date	Name of Service Advisor	Date
pe returned to Service Reception upon	collection	To be kept by Security Guard	

SJD421C30004 / JP Knights Pie Lid ENTRY DATE & TIME: 03/12/2021 10:45 (SGT) SUBMITTED BY: Kavi VERSION: 1 (03/12/2021 10:45 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- . 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.
- 4. The issue and acceptance in the formation of the Polica for Investigation.

 5. Any false reporting may be referred to the Polica 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. nd 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

03/12/2021 10:45 (SGT) 02/12/2021 11:55 (SGT) Tanjong Rhu Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD3245A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Fmail Address Mobile Phone No Alternative Phone No

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-82239066 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Hvundai

Ae ioniq

Private hire

No - Claiming third party

Taxi Auto 1580

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Cover Note Number

Policy Number

AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419138

DRIVER

Name of Driver

NRIC No

LOH CHAP MOY SXXXX605H

Accident report SJ0421C30004

Page 1 of 14

Date Of Birth Occupation Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

22/09/1958 Outdoor 11/07/1981

40 YEARS AND 5 MONTHS

Female

(Phone) +65-82239066

fleetsafety@cdgtaxi.com.sg

58 TELOK BLANGAH HEIGHTS #03-39

100058

No

Hirer No

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

Collision - Head to Rear

Raining Wet

No

Yes

No

2 No

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Nο No Was notice of intended Prosecution given? If ves, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 02/11/21 AT AROUND 1155HRS, I WAS DRIVING MY VEHICLE A SHD3245A ALONG TANJONG RHU ROAD STATIONARY AS THE TRAFFIC LIGHT WAS RED IN MY DIRECTION. SUDDENLY VEHICLE B GBH182C REAR ENDED MY VEHICLE. THERE SLIGHT DAMAGES ON THE REAR BUMPER OF MY VEHICLE. THERE WAS NO INJURIES

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver

GBF182C Fiat

Doblo

Commercial vehicle

LI HUI

Contact Number	(Phone) +65-93882506
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SHIETCH FLAM

IMPOUTANT NOTICE

- . Phone report correctly the decote of the secretary is specied on the electric programs
- The form much in complicing by the Policyhelder undler the Authorized Orliner
- between the control of the control o allow incomprise recompanies to emparations position limiting
- 4. The leases and accompliance of this Countile, integration appropriate is not an approximate of policy leading on the court of the countries.
- Amy false reporting may be referred to the Police for investigation
- C. The report will be form writer by the interner of the Cirk Security Management Centre established by the Centeral intercented Security Security
- of Briggingtons (CHA) for enchange and that coupling all this coupling a Billion a face for made problem open application by intermediate parties.
- 7. By the hadgement of this sepon to the insurance, you hamily consent to the embloring of this report at the centre and to continue of the response towards remarks revealed the effective sur-
- t Consent under the Personal Date Presenties Act.(PQFA)

terreference actions large agree and remains the

- (a) My insure: my v. orbeing and the General Insurance Association of Singapore (GM) may/are permitted to collect, use, discine median processor my preserved distripreserves information put out in this florms and any other paracenes information provided by major processed by my manner (collectively the "Personal Information") and displace and transfer such Personal information to all insurer(s) w his harve treatest withicke(s) invisional in this accident (all insurents) in his have insured sublicte(s) invisional in this accident shall be collectively reterred to se the "tnessrere"). The tneument law yendlaw firms, the Monetary Authority of Singapors and any reterent government agency/authority (auch as the policie), for the purpose(s) of
- (i) processing, handling and/or dealing with my stains including the settlement of the claims and any necessary investigations relating to the daine
- (it investigating the accident under 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 partingen) andro
- (v) complying with applicable law in administering processing, handling and/or dealing with my claims

(actiectively the "Purposes")

- (b) all maurer(s) wito have maured vehicle(s) involved in this accident and the Insurers' lawyers/faw firms, may/are permitted to collect, use, disclose and/or process my Pensorial 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

(if driver is not the policyholder) / Date Policyhorder's Signature / Date & Personnel kindidus 6 Time 2 0 12 1650 Time Sketch Plan Dec. A-SHOSS 45A R- GENIER (N. W. ANJONG

Describe Circumstances of the Accident

ON 02/11/21 AT AROUND 1155HRS, I WAS DRIVING MY VEHICLE A SHD3245A ALONG TANJONG RHU ROAD STATIONARY AS THE TRAFFIC LIGHT WAS RED IN MY DIRECTION. SUDDENLY VEHICLE B GBH182C REAR ENDED MY VEHICLE. THERE SLIGHT DAMAGES ON THE REAR BUMPER OF MY VEHICLE. THERE WAS NO INJURIES

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

ime 2/0/21 1650

Witnessed by Reporting Centre Personnel KAMIRAL