

ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
 U/P / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/o _____
 of _____
 Insured _____
 Policy No _____
 Claims No **MT/1153441-002**
 Sum Insured _____ Excess _____
 (Client's Record)
 Make of Veh _____

Veh No SH2264u ✓
 Type Car / M. Cycle / Bus / Van / Lorry / Prima Mover / Truck / Trailer or

Ye Page: 30/4/19

Make: Hyundai i10m19 cc 1580
 Colour: Yellow A/C: Insured / Std / Nil / NA
 Sp Reading: 333845 T/Paully: Insured / Std / Nil / NA

Eng No _____
 C/No: KMH/C851CUKU141289
 Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/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 Westlanc

Front 5 mm R/Bal. 5 mm
 L/Bal. 5 mm U/Bal. 5 mm
 D.O.A. 4/12/21 D.O.I. 6/12/21 1600

*Survey held at CDGE
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

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: 4 days Res.: Yes or No
 Lum Sum: _____ % J Val.: Yes or No

CA / REV / REP. / 24 HRS _____
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	rebate: 23002
	LUMP SUM \$3400, 3DAYS
	RED: 2683.9, 44%

Date/Time. File Pass to? : Proff. Report
 : Final Report
 Date/Time. File Return to? _____

Days Of Repair: 3
 Resurvey No. of Trip: _____

Adcl Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Wash end (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS. \$	
Prints	
Others	
Total	

Report Formed: _____
 Date: 21/4/19

REPAIR ESTIMATE*

DATE 04/12/21 10:30 AM

VEHICLE NO SHC264U

MAKE :24.09.2019

MODEL : HYUNDAI IONIQ G2

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT DOOR PANEL LH			\$1,797.20
1	FRONT DOOR MOULDING LH			\$110.10
1	FRONT FENDER EMBLEM BLUE DRIVE			\$26.60
1	WHEEL RIM COVER RR LH			\$346.40
1	REAR DOOR MOULDING LH			\$1,789.90
1	REAR DOOR PANEL LH			\$125.30
	SUB TOTAL			\$4,195.50
	LESS 20%			\$839.10
	DISCOUNTED TOTAL			\$3,356.40
1	FRONT DOOR COMOFRT LOGO			\$75.00
1	REAR PETROL STICKER			\$20.00
1	FRONT FENDER ADVERTISEMENT LH			\$100.00
1	FRONT DOOR ADVERTISEMENT			\$100.00
1	REAR DOOR ADVERTISEMENT			\$100.00
1	REAR FENDER ADVERTISEMENT			\$100.00
1	REAR DOOR COMFORT APP STICKER			\$80.00
				\$557.50
	Labour Charge			
	Panel Beating			\$840.00
	Spray Painting Charge			\$1,000.00
	Remove/refix frt door part to new door			\$90.00
	Remove/refix rear door part to new door			\$90.00
	Remove/refix upholstery			\$90.00
	Check Wiring			\$60.00
	TOTAL LABOUR			\$2,170.00
	ESTIMATE TOTAL			\$6,083.90

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
 82235769
 6/12/21 1600
 L/S after repair photo
 4 days wq ✓

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 Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 839G

Vehicle Details

Vehicle No.: SHC264U
Vehicle to be Exported: No
Intended Deregistration Date: 07 Dec 2021
Vehicle Make: HYUNDAI
Vehicle Model: AE IONIQ HEV 1.6 DCT
Primary Colour: Yellow
Manufacturing Year: 2018
Engine No.: G4LEJU191284
Chassis No.: KMHCB51CVKU141289
Maximum Power Output: 103.6 kW (138 bhp)
Open Market Value: \$24,888.00
Original Registration Date: 30 Apr 2019
First Registration Date: 30 Apr 2019
Transfer Count: 0
Actual ARF Paid: \$11,844.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 29 Apr 2027
PARF Rebate Amount: \$8,883.00

Intended COE Rebate Details

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: \$14,119.00
Total Rebate Amount: \$23,002.00

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 07 Dec 2021

OK

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 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. 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	06/12/2021 10:42 (SGT)
Date of Accident	04/12/2021 10:30 (SGT)
Exact Location of Accident	414 Tampines Street 41, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC264U
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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) +65-94895099
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	TEO CHIN TIANG
NRIC No	SXXXX228D

Date Of Birth	02/10/1956
Occupation	Outdoor
Date Of Driving Pass	05/08/1978
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94895099
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	891 TAMPINES AVENUE 08 #05-88
Address complement	-
Postcode	520891
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	Collision - Head on collision
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 04/12/2021 AT ABOUT 1030HRS I WAS DRIVING MY VEHICLE A SHC264U AT BLOCK 414 TAMPINES STREET 41 OSCP. VEHICLE B SHC6914M WHICH WAS DOING A 3 POINT TURN COLLIDED HIS VEHICLE B FRONT ONTO MY VEHICLE A LEFT SIDE. NO ONE WAS INJURED. NO 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	SHC6914M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-

Contact Number -
Address -
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.
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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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

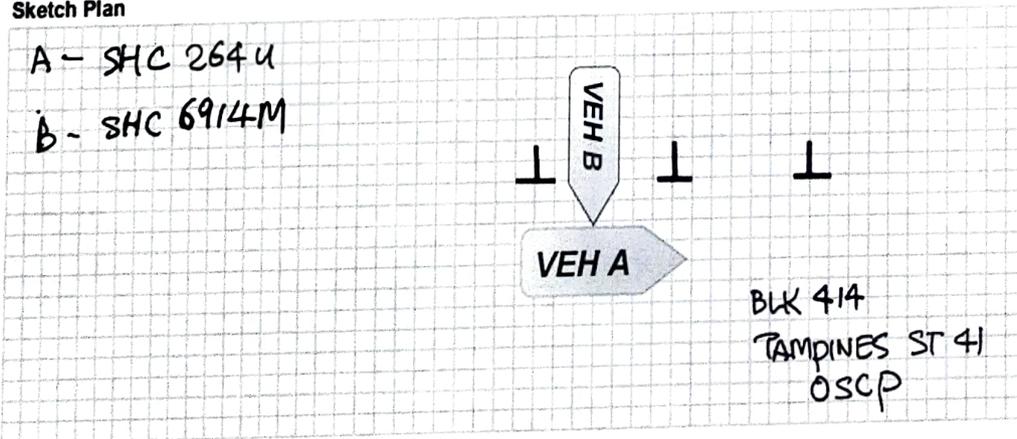
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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' 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 lawyers/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
[Signature] 04.12.2021 1229HRS

Witnessed by Reporting Centre Personnel
[Signature] Ky mi Yong

Sketch Plan



Describe Circumstances of the Accident

ON 04/12/2021 AT ABOUT 1030HRS I WAS DRIVING MY VEHICLE A SHC264U AT BLOCK 414 TAMPINES STREET 41 OSCP. VEHICLE B SHC6914M WHICH WAS DOING A 3 POINT TURN COLLIDED HIS VEHICLE B FRONT ONTO MY VEHICLE A LEFT SIDE. NO ONE WAS INJURED. NO PARTICULARS EXCHANGED

Declaration

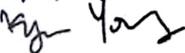
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time 04.12.2021 1230HRS



Witnessed by Reporting Centre Personnel 

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

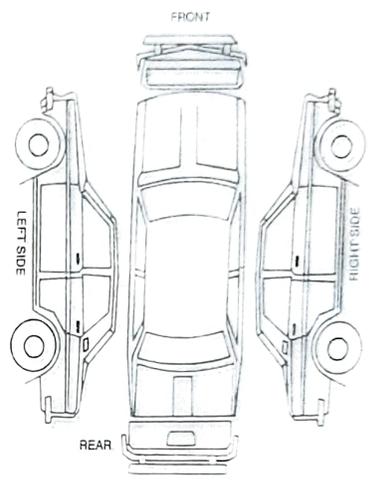
JC NO:305496783

CUSTOMER NAME: CITYCAB PTE LTD CUSTOMER NO: 7010070 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P) ACCOUNT CARD NO.	REGN NO. SHC 264U	MILEAGE
	MAKE HYUNDAI	FUEL E 1/2 F
	MODEL IONIQ(G2)	DATE/TIME IN 04.12.2021 11:40
	YR OF MANU. 30.04.2019	TARGET DATE
	CHASSIS CODE KMHC851CVKU141289	COMPLETION DATE/TIME
	(Empty space for notes)	(Empty space for notes)

JOB DESCRIPTION

Accident Date: 04.12.2021
 Nature: OD 04.12.2021

/NO LABOR CODE DESCRIPTION



REMOVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Work Order / Edge Slip
 Vehicle No.: **SHC 264U** **CHIANG**

 Service Advisor Signature/Date
 Returned to Service Reception upon collection

Exit Pass
 Vehicle No.: **SHC 264U**

 Name of Service Advisor Date
 To be kept by Security Guard