MATERIAN Thevan I ME NIC NS/INC	C21012448/Vqc
With a title Date. I talk advantage to the control of the control	Veh No: SHO 72260 Ver Rogn: 72 111/18 Type: M.Carl M.Cycle I Bus I Van I Lorry I and Primo Mover I Truck I Trailer or Mako: Hyundan lowing a.c. 1586 Colour Buc NC: Insured I Std I MI I HA Sp. Reading Liu 9 144 Tradio: Insured I Std I MI I HA Eng No: CNO: Insured I Std I MI I HA Eng No: CNO: Insured I Std I MI I HA Steering: Inforder I Jammed I Leaked I Burnt or Brake: Inforder I Jammed I Leaked I Burnt or Brake: Inforder I Jammed I Leaked I Burnt or Tyro Size: F: 195/65 R15 BS I DUN I EXNOVA I GY I FS I LIZA I MIC I OHTSU I PIR I SUMI I TOYO I YOKO or Westland Eront Rogal Rogal R/Bal. S mm L/Bal. S mm L
	### ### ##############################
1050	: Weel end 1%

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO

SHD7226D

MAKE

REG 22.11.2018

03/12/21

CHIANG/NTUC

EL	IONIQ G2	Tues	the second secon	Amount
Qty	Parts Description/ Labour	Туре	and the second s	\$459.40
1	REAR BUMPER			\$55.80
1	REAR BUMPER SIDE BRACKET RH			\$394.80
1	REAR BUMPER REINFORCEMENT			\$138.10
1	REAR BUMPER RH STAY BRACKET			\$451.25
1	REAR BUMPER CENTRE MOULDING			\$155.00
1	REAR BUMPER UNDER MOULDING			\$45.00
1	REAR SMART KEY SENSOR			\$94.60
	REAR BUMPER TOW COVER			\$41.45
1	REAR BUMPER REFLECTOR RH		\$2.20	\$22.00
10	REAR BUMPER CLIPS		,	\$1,857.40
	SUB TOTAL			\$371.48
	20.00% DISCOUNTED TOTAL			\$1,485.92
-1	REAR REVERSE SENSOR REAR BUMPER MAT		-	\$180.00/ \$50.00 \$230.00
	Labour Charge	,	L	\$600.00
	Panel Beating			\$300.00
	Spray Painting Charge			\$60.00
	Check Lighting and Wiring			\$90.00
	Tuff Kote			\$60.00
	Remove/refix Reverse sensor TOTAL LABOUR			\$1,110.00
-	TOTAL BIBOOK			
	ESTIMATE TOTAL			\$2,825.92
1	his is an initial estimate based on a visual inspection of the	above vehi	cle. The final repair qua	antum will
j= It	pe prepared after the vehicle is surveyed by a motor Surveyo	or appointe	d by the insurance con	npany.

Thuran ellehauto-lom 82235769 6/12/21 1630 Us after repair photo zdays 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:



ComfortDelGro Engineering Pte Ltd

205 Bradder Read Ningapore 679761 Marshine + 66 6383 6280 Facativite + 65 6280 0755

Workshops 203 Briedfull Read Singapore 579701 59 Loyang Usive Singapore 508069 383 Sin Merg Drive Singapore 575717

Date/Time: 06.12.2021 10:42

Page: 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305496785

E.....1/2..

MILEAGE

ISTOMER

leam:

VMS

COMFORT TRANSPORTATION PTE LTD

7010045

ISTOMER NO. 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755 L. (R)

IONIQ(G2)

HYUNDAI

REGN NO SHID7226D

06.12.2021 09:45 TARGET DATE

FUEL

YR OF MANU. 22.11.2018

(P)

SCOUNT GARD NO.

CHASSIS CODE KMHC851CVKU114709

COMPLETION DATE/TIME:

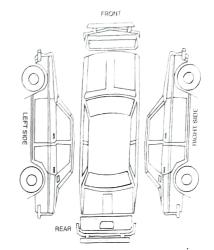
JOB DESCRIPTION

Accident Date: 03.12.2021 NATURE: 3P 03.12.2021 '

S/NO

LABOR CODE

DESCRIPTION



		*		
ECKED & PASSED OUT BY:				
		-	CUSTOMER'S SIGNATURE	_
SERVICE ADVISOR	R		COSTOMEN 3 SIGNATURE	_
wledgement Slip		Exit Pass		
: o.: e No.: SH D 7226D	CHIANG	Vehicle No.: SHD7226D		
of Service Advisor	Signature/Date	Name of Service Advisor	Date	
returned to Service Reception upon	collection	To be kept by Security Guard		

SIMPLOADER LIFT ENGINE THE LIE ENTEN DATE & THAT PROPERTY 19 TELESTY SUPMITTED BY NOW METERON 1 DM/15/9891 19 48 (BOTT)

SINGAPORE ACCIDENT STATEMENT

IMPONTANT NOTICE

- Please report garractly the details of the accident to spine up the claims processes
- This Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be se multiple and accounts as possible. Any will develop receivables or authorizing of manufact dark may allow insurance companies to regulate profess finishing
- a. The issue and acceptance of this Form by Inquirance companies is not an admission of policy basishy on the part of the inquirance companies.
- 5. Any false reporting may be referred to the Police for investigation.

 6. This report will be forwarded by the insurers of the CBA Departs Management Centra especiation of the General Representation of Singapora (GM) for archiving and that copies of this report will, for a fee, be made evaluable upon application by intervenes parties.
- 7. By the bidgement of this report to the incurred you harmly commit to the archiving of this report at

ACCIDENT STATEMENT

Date of Submission

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

04/12/2021 12:15 (SGT)

03/12/2021 17:25 (SGT)

PIE. Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD7226D

INSURED/POLICYHOLDER

is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No.

Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg

(Phone) +65-96607297

(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

Hyundai Ae ionig

Private hire

No - Claiming third party

Taxi

Auto

1580

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419138

DRIVER

Name of Driver NRIC No

LIM MENG SEAK SXXXX289E



Page 1 of 21

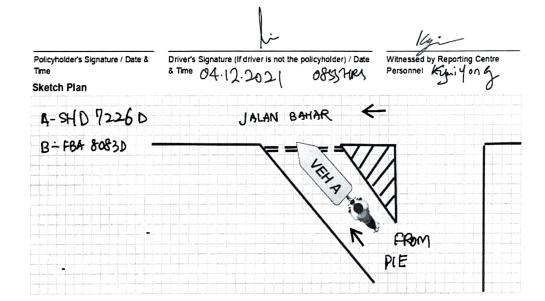
SKETCH PLAN

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.
- 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 companies.
- 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)

lunderstand, 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) 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 'taw 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 the claims;
- (i) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing w ith my instructions or responding to any enquiries by me;
- (w) 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.



Describe Circumstances of	the Accident			
REFER TO POLIC	E REPORT			
T/20211204/20	19			
claration				
e declare the foregoing particula	irs are true in every respect.			
	\ .		Kyni	
		the collected of the	Witnessed by Reporting Centre	_
cyholder's Signature / Date & e	Driver's Signature (If driver is not & Time 04.12.20 ×	ogours	Personnel (Sy 4-5)	





Police Station Of Origin: Clementi N P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999 Report No. T/20211204/2019

Date/Time Report Made: 04/12/2021 02:43			Vide Report No.:					Station Diary No.: 25
Informan	t's Particu	lars						
Name of I	nformant:		Addre	ss: I <mark>LK 406 BU</mark> APORE 650	IKIT BATOR 0406	(WEST A	VENU	IE 7 #06-34
ID Type / ID No.: NRIC NO / S0695289E		Contac Home	Contact No.: Home/Office: Mobile: 96607297					
Nationality: SINGAPORE CITIZEN		Email:						
Sex: Male	Age: 72	Date of Birth: 26/12/1948	Driver	Type of Informant: Driver			ino / S	chool Name:
Race: Chinese			Langua English	า้		institut	1011/3	CHOOLITAINS.
Occupatio Taxi driver			Driving Class:	Licence In 2B,2A,2,3	nformation:	Date o	f Expir	y:
eneral in	formation	of the Accident		17.1				Type of Location
Type of Accident:		on-Injury		Drink Drive: No	Date/Tin Acciden 03/12/20			Bend
Type of Accident:	No	on-Injury	Road S	Drive:	Acciden	t:		
Type of Accident: Location: PAN-ISLAI Weather: Clear Traffic Flow	NO EXPRE	on-Injury	Road S Dry Traffic	Drive: No	Acciden 03/12/20	t:	Road Traffic Light	Speed Limit:
Type of Accident: Location: PAN-ISLAI Weather: Clear Fraffic Flow	ND EXPRE	on-Injury	Road S Dry Traffic (Pedesti	Drive: No	Acciden 03/12/20	t:	Road Traffic Light	Bend Speed Limit:
Type of Accident: Location: PAN-ISLAI Weather: Clear Traffic Flow One Way Type of Coletween Mi	ND EXPRE	SSWAY	Road S Dry Traffic (Pedesti	Drive: No	Acciden 03/12/20	t:	Road Traffic Light Anyor ambu	Speed Limit: c Volume: ne conveyed by
Type of Accident: Location: PAN-ISLAI Weather: Clear Traffic Flow One Way Type of Cole etween Money Patrils of Vental Soft Ven	ND EXPRE	cles - Head To R	Road S Dry Traffic (Pedestr	Drive: No	Acciden 03/12/20	t:)21 17:25	Road Traffic Light Anyor ambu	Speed Limit: c Volume: ne conveyed by lance:
Type of Accident: Location: PAN-ISLAI Weather: Clear Traffic Flow One Way Type of Coletween Mi	ND EXPRE	cles - Head To R	Road S Dry Traffic (Pedestr	Drive: No Surface: Control: rian Crossin	Acciden 03/12/20	t:)21 17:25 Cor No Dar	Road Traffic Light Anyor ambu No	Speed Limit: c Volume: ne conveyed by lance:

Use of Pedestrian Crossing: NA



Any Pedestrian Involved: No No. of Pedestrians Injured: NIL



Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Report No. T/20211204/2019

Tel No: 1800-8729999 CONTINUATION OF REPORT

Name	Abdul Qayyum Adli Bin Hamdan		ID No.		S9731688J	
Related Vehicle	FBA8083D (Motorcycle)		Contact No.		89320085	
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	LIM MENG SEAK			ID No		S0695289E
Related Vehicle	SHD7226D (Car)			Conta	ct No.	96607297
Hospital/Clinic	NIL			Class Driving Licence Expiry	g :e &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch	_	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

On 03/12/2021 at about 1725hrs while I was driving, my taxi (SHD7226D), exiting PIE along Jln Bahar exit slip road towards Jln Boon Lay, when I was waiting at the stop line, a motorcycle (FBA8083D) bumped onto my taxi's rear bumper. My taxi sustained slight damage whereby my bumper was dislodged by a bit.

I wish to state that my passenger nor me did not sustain any injury. My taxi has front and rear view invehicle cameras. I had managed to exchange the other rider's particulars. I am report this for my taxi company's record purposes.





Report No. T/20211204/2019

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

Signature Of Informant:

Signature of Officer Recording The Report D / SCCPL ANBURAJAN S/O	Signature Of Informant:
RAJENDRAN	1
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2021 02:43
Officer In Charge Of Case: TP / GIA / DSP (2) YIP YEW SENG NELSON Contact No.: 65476182	Classification Of Case:
Authentication Stamp	
SINGAPORE SI	N 37
R	
SIGNATURE	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Company Owner ID Type: 821R Owner ID: Vehicle Details SHD7226D No Vehicle No.: Vehicle to be Exported: 07 Dec 2021 Intended Deregistration Date: HYUNDAI AE IONIQ HEV 1.6 DCT Vehicle Make: Vehicle Model: Blue Primary Colour: 2018 G4LEJU032172 Manufacturing Year: KMHC851CVKU114709 Engine No.: 103.6 kW (138 bhp) Chassis No.: Maximum Power Output: \$25,079.00 22 Nov 2018 Open Market Value: Original Registration Date: 22 Nov 2018

First Registration Date:

Transfer Count: Actual ARF Paid:

Intended PARF Rebate Details Yes

21 Nov 2026 PARF Eligibility: PARF Eligibility Expiry Date: \$9,083.00

PARF Rebate Amount: Intended COE Rebate Details

21 Nov 2026 A - Car up to 1600cc & 97kW (130bhp) COE Expiry Date:

COE Category:

COE Period(Years): \$23,736.00 PQP Paid: \$14,703.00

COE Rebate Amount: \$23,786.00 Total Rebate Amount:

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.

\$12,111.00

The information contained herein is correct as at 07 Dec 2021

OK

Vehicle Manufacturer Vehicle Model Vehicle Variant Motorcycle Vehicle Colour ABDUL QAYYUM ADLI BIN HAMDAN Vehicle Category Name of Driver SXXXX688J (Phone) +65-89320085 NRIC No Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

Type text here