

Sta. No. 100-101 Thevan

NS/INC21012454/Vqc

# ASSIGNMENT

From \_\_\_\_\_ Date \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_  
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV \_\_\_\_\_  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No \_\_\_\_\_  
 Claim No **MT/1153578-002**  
 Sum Insured: \_\_\_\_\_ Excess \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_



(Policy Condition)

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: 3 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % ☒ Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SWA1216m ✓ Ye. Regn. 27/8/20  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / (A) Prima Mover /  
 Truck / Trailer or \_\_\_\_\_ cc 1580  
 Make: Hyundai 1000  
 Colour: Blue Insured / Std / HI / NA  
 Sp. Reading: 149891 P/Model: Insured / Std / HI / NA  
 Eng/No: hmt/c85/culu/88427  
 C/No: \_\_\_\_\_  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Good / Jammed / Leaked / Burnt or  
 Brake: Good / Jammed / Leaked / Burnt or  
 Modl: Nil / Rlm STD A/Rlm or  
 Tyre Size: F: 195/65R15  
 R: 195/65R15  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Westlake  
 Front: 5 mm R/Bal. 5 mm  
 R/Bal. 5 mm L/Bal. 5 mm  
 L/Bal. 5/12/21 D.O.I. 6/12/21 1506  
 D.O.A. CDOR  
 Survey held at \_\_\_\_\_  
 Des. of Damages: Front / Roof / O/S / Nil / UIC / Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
09/02/21	Rebate: 31219
	Thevan finalised with Mr Lim. final fig \$5314.22, 3 days. (Red \$2650.08, 33%)

Date/Time. File Pass to?

☐ : Proll. Report

14/12 Typist

☐ : Final Report

Date/Time. File Return to?

3

Report Form:

TP

11/11/21 4264.22

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Vessel and \_\_\_\_\_

Survey Fee:

Transportation:

\$ + P.S. \$

Finch

Clubs

\_\_\_\_\_

\_\_\_\_\_

## COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

## REPAIR ESTIMATE

DATE: 6-Dec-21

INSURANCE: NTUC CP(P)

MODEL: Hyundai Ioniq

MVA: LIM T S

VEHICLE NO.: SHA1216M ✓

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
		1		\$588.80 X R
	Frt Fender LH	1		\$26.60 X N SUC
	Frt Fender Blue-Drive LH	1		\$346.40 X N SUC
	Frt Wheel Cap LH	1		\$1,797.20 ✓ DT
	Frt Door LH	1		\$1,789.90 X R
	Rear Door LH	1		\$1,391.70 ✓ C R A
	Wing Mirror LH	1		\$870.40 ✓ C R A
	Taillamp LH			
				\$6,811.00
	SUB TOTAL			\$1,362.20
	LESS 20%			\$5,448.80
	DISCOUNTED TOTAL			
		1		\$75.00 ✓ M C
	Frt Door ComfortDelGro LH	1		\$80.00 ✓ M C
	Rear Door APPS LH	1		\$40.00 X M C
	Rear Fender (Petrol Only) LH			
				\$195.00 ✓
	S/NETT SUB			\$19.50
	LESS 10%			\$175.50
	S/NETT TOTAL			
	SPARE PARTS TOTAL			\$5,624.30
	Labour Charge			\$800.00 1600 20
	Panel Beating – Rear Fender LH			\$1,200.00 1006
	Spray Painting Charge			\$40.00 20
	Check Lightings			\$60.00 30
	Tuff Kote			\$240.00 120 ✓
	Transfer Of Doors			
	TOTAL LABOUR			\$2,340.00
	ESTIMATE TOTAL			\$7,964.30

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.

Thevan @ Lkh auto.com  
82235789  
6/12/21 1500  
P/p bsr paint photo  
3 days up

- 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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: B21R

Vehicle Details

Vehicle No.: SHA1216M

Vehicle to be Exported: No

Intended Deregistration Date: 07 Dec 2021

Vehicle Make: HYUNDAI

Vehicle Model: AE IONIQ HEV FL 1.6 DCT

Primary Colour: Blue

Manufacturing Year: 2019

Engine No.: G4LEKU403469

Chassis No.: KMHC851CVLU188427

Maximum Power Output: 103.6 kW (138 bhp)

Open Market Value: \$25,567.00

Original Registration Date: 27 Aug 2020

First Registration Date: 0

Transfer Count: \$12,794.00

Actual ARF Paid: Yes

Intended PARF Rebate Details

PARF Eligibility: 26 Aug 2028

PARF Eligibility Expiry Date: \$9,595.00

PARF Rebate Amount: 26 Aug 2028

Intended COE Rebate Details

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

COE Category: 8

COE Period(Years): \$25,752.00

PQP Paid: \$21,624.00

COE Rebate Amount: \$31,219.00

Total Rebate Amount:

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

Date/Time: 06.12.2021 10:52 Page : 1

um: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4148127

JC NO305496786

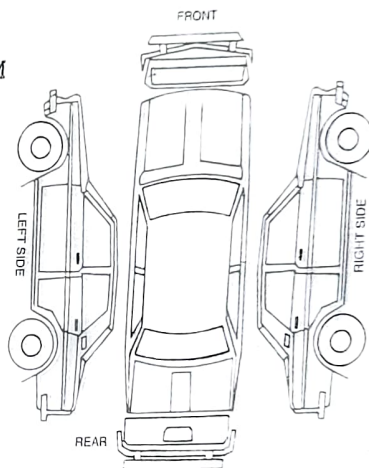
MEMBER NO. 7010045 SS 383 SIN MING DRIVE Singapore SINGAPORE 575717 R) 65508755 (O) P) JNT CARD NO.	REGN NO. SHA1216M	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G3)	DATE/TIME IN 06.12.2021 08:40
	YR OF MANU 27.08.2020	TARGET DATE
	CHASSIS CODE KMHC851CVLU188427	COMPLETION DATE/TIME:

### JOB DESCRIPTION

Ident Date: 05.12.2021  
 URE: 3P 05.12.2021/C

NO LABOR CODE  
 0010 PB

DESCRIPTION  
 PANEL BEATING-SHA1216M



D & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

SHA1216M

LIMITS

Vehicle No.:

SHA1216M

Service Advisor

Signature/Date

Name of Service Advisor

Date

to Service Reception upon collection

To be kept by Security Guard



Date Of Birth	05/04/1967
Occupation	Outdoor
Date Of Driving Pass	25/04/1985
Driving experience	36 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96793700
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	110 RIVERVALE WALK #15-12
Address complement	-
Postcode	540110
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

021 AT ABOUT 1255HRS I WAS DRIVING MY VEHICLE A SHA1216M ON THE MOST RIGHT LANE OF RACE COURSE ROAD. AT THE TRAFFIC JUNCTION OF BIRCH ROAD TRAFFIC LIGHTS TURN GREEN AND I STARTED TO MOVE OFF WHEN VEHICLE B FBG5398F ON MY LEFT SIDE SWIPE HIS VEHICLE B RIGHT SIDE ONTO MY VEHICLE A LEFT SIDE. RIDER DID NOT FALL. NO ONE WAS INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE.

#### 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	FBG5398J
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SENTHIL KUMAR S/O DEVAMANY

NRIC No	XXXXX380D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## 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.
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. 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.
  - (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

Sketch Plan

A- SHA1216M

B- FBG 5398J

Driver's Signature (If driver is not the policyholder) / Date & Time

06.12.2021

0915HRS

Witnessed by Reporting Centre Personnel

Kyi Yon g



Describe Circumstances of the Accident

ON 05/12/2021 AT ABOUT 1255HRS I WAS DRIVING MY VEHICLE A SHA1216M ON THE MOST RIGHT LANE OF RACE COURSE ROAD. AT THE TRAFFIC JUNCTION OF BIRCH ROAD TRAFFIC LIGHTS TURN GREEN AND I STARTED TO MOVE OFF WHEN VEHICLE B FBG5398F ON MY LEFT SIDE SWIPE HIS VEHICLE B RIGHT SIDE ONTO MY VEHICLE A LEFT SIDE. RIDER DID NOT FALL. NO ONE WAS INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

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

Witnessed by Reporting Centre Personnel





06.12.2021 0930HRS

Kyan Yung