

ASS. REC. BY:

REF:

CS/AGI 21012618/D973

ASSIGNMENT

CORB NOV 2027

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. _____

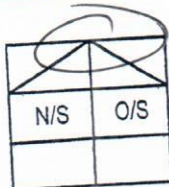
Claims No. _____

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 Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 18 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 887Y Yr Regn: NOV / 2019

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Ioniq C.C. 1580

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 160112 T/Radio: Insured / Std / NI / NA

Eng/No: G4LEKU387386

C/No: KMHC851CVLUI83671

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 195/65 R15

R: -11-

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front Rear

R/Bal. S mm R/Bal. S mm

L/Bal. S mm L/Bal. S mm

D.O.A. 11/12/22 D.O.I. 14/12/22

Survey held at 3rd floor Sin Ming

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Budget Direct SLT 22 7294A

Vehicle balance 83 up months at time of loss
71

Value of taxi at time of loss about 28K.

02/08/22 Insured 1/3 32,000/- with 18 days of repair (20334.73, 39%)

Date/Time, File Pass to?

1) 06/09/22

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.I. (\$) 32000

Days Of Repair: 18

Resurvey No. of Trip: 4

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Invs (\$)
☐ Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 13-Dec-21

INSURANCE: Budget Direct

MODEL: HYUNDAI IONIC

VEHICLE NO.: SHC 887Y

Description	Qty	List Price	Amount	
Bonnet hnc	1	\$ 2,253.80	\$ 2,253.80	✓
Bonnet Hinge (LH/RH) h	2	\$ 118.70	\$ 237.40	✓
Bonnet Moulding MS	1	\$ 41.40	\$ 41.40	X
Bonnet Lock h	1	\$ 127.30	\$ 127.30	✓
Bonnet Insulator SVL	1	\$ 230.10	\$ 230.10	X
Bonnet Insulator Clips HH	1	\$ 15.00	\$ 15.00	X
Radiator Grille NEW MODEL broken	1	\$ 1,568.60	\$ 1,568.60	✓
Flap Assy Active Air Upper, (LH/RH) broken	2	\$ 824.60	\$ 1,649.20	✓
Speaker Assy-VESS broken	1	\$ 554.40	\$ 554.40	✓
Flap Assy Active wire SVL	1	\$ 765.30	\$ 765.30	X
Front Number Plate garnish deformed	1	\$ 188.00	\$ 188.00	✓
Front Bumper Cover horn	1	\$ 418.30	\$ 418.30	✓
Front bumper top cover horn	1	\$ 476.30	\$ 476.30	✓
Front Bumper Sponge horn	1	\$ 186.90	\$ 186.90	✓
Front Bumper Reinforcement Bul	1	\$ 1,075.10	\$ 1,075.10	✓ 394.80
Front Bumper Reinforcement ABSORBER (LH/RH) Dent	2	\$ 186.50	\$ 373.00	✓
Front Bumper Towing Cover SVL	1	\$ 29.00	\$ 29.00	X
Front Bumper Moulding Centre Upper broken	1	\$ 368.50	\$ 368.50	✓
Front Bumper Moulding MS	1	\$ 93.60	\$ 93.60	X
Front Bumper Lower Stiffener h	1	\$ 285.10	\$ 285.10	✓
Front bumper lower grille broken	1	\$ 365.30	\$ 365.30	✓
front bumper lower grille moulding h	1	\$ 127.60	\$ 127.60	✓
Front Bumper Lip SVL	1	\$ 35.10	\$ 35.10	X
Front Bumper Bracket Top (LH/RH) broken	2	\$ 35.00	\$ 70.00	✓
Front Bumper Bracket (LH/RH) MS broken	2	\$ 28.00	\$ 56.00	X ✓
Front Bumper Retainer Mounting (LH/RH) broken HH	2	\$ 65.30	\$ 130.60	X
Front Bumper Clips 10 pcs h	1	\$ 25.00	\$ 25.00	✓
Front Bumper Grille (LH/RH) SVL N/S o/s damaged	2	\$ 186.90	\$ 373.80	X ✓
Front bumper air duct (LH/RH) o/s broken H/S HH	2	\$ 153.80	\$ 307.60	✓
Day Light, LH monny broken	1	\$ 642.50	\$ 642.50	✓
Day Light, RH monny broken	1	\$ 642.50	\$ 642.50	✓
Day Light Wire, HH	1	\$ 585.50	\$ 585.50	X
BUZZER ASSY - PIEZO (LH) HH	1	\$ 388.00	\$ 388.00	X
Headlamp Support Panel Assy broken	1	\$ 949.30	\$ 949.30	✓
Headlamp(LH/RH) broken 2110.30 X2	2	\$ 3,987.30	\$ 7,974.60	✓ 4220.60
Horn Unit (LH/RH) broken	2	\$ 72.80	\$ 145.60	✓
Horn Wire socket broken	1	\$ 386.70	\$ 386.70	✓
Radiator Inverter punctured	1	\$ 884.80	\$ 884.80	✓
Radiator punctured	1	\$ 710.50	\$ 710.50	✓
Radiator fan blower motor assy broken	1	\$ 1,226.60	\$ 1,226.60	✓
Radiator Air Guard (LH/RH) broken (deformed)	2	\$ 76.40	\$ 152.80	✓
Radiator Air Guard, Up (LH/RH) broken	1	\$ 127.50	\$ 255.00	✓
Radiator Hose Upper deformed	1	\$ 166.20	\$ 166.20	✓

Radiator Hose Lower <i>HN</i>		1	\$ 156.20	\$ 156.20	X
Frt Pillar Upper Cover - outer (LH/RH) <i>dislodged</i>		2	\$ 89.60	\$ 179.20	✓
Front Fender(LH/RH) <i>dent</i>		2	\$ 490.70	\$ 981.40	✓
Front Fender Shield (LH/RH) <i>dent</i>		2	\$ 164.70	\$ 329.40	✓
Air Cleaner Hoanging Assy <i>broken</i>		1	\$ 1,636.50	\$ 1,636.50	✓
Air Duct <i>broken</i>		1	\$ 156.80	\$ 156.80	✓
air duct hose <i>deformed</i>		1	\$ 86.40	\$ 86.40	✓
Aircon Condenser <i>punctured</i>		1	\$ 663.60	\$ 663.60	✓
Wiper Container ASSY <i>deformed</i>		1	\$ 385.40	\$ 385.40	✓
Wiring-Engine Socket <i>broken</i>		1	\$ 3,474.00	\$ 3,474.00	✓
Hybrid Spare Tank <i>HN</i>		1	\$ 371.30	\$ 371.30	X
SUB TOTAL				\$ 35,958.10	
LESS 20%				\$ 7,191.62	
DISCOUNTED TOTAL				\$ 28,766.48	
Front Number Plate <i>dislodged</i>	SN	1	\$ 25.00	\$ 25.00	
Front No Plate Trim Cover <i>broken</i>	SN	1	\$ 30.00	\$ 30.00	
COOLANT <i>HN</i>	SN	1	\$ 45.00	\$ 45.00	X
Emblem-Blue Drive (LH/RH) <i>HN</i>	<i>List</i> SN	2	\$ 26.60	\$ 53.20	✓ <i>List</i>
Front Door City Cab Logo (LH/RH) <i>HN</i>	SN	2	\$ 75.00	\$ 150.00	X
INVERTER COOLANT <i>HN</i>	SN	1	\$ 65.00	\$ 65.00	X
SUB TOTAL				\$ 368.20	
Labour Charge					
Panel Beating		1	\$1,800.00	\$1,800.00	1200/-
Spray Painting Charge		1	\$1,600.00	\$1,600.00	1000/-
Wiring Charge		1	\$100.00	\$100.00	30/-
Tuff Kote		1	\$100.00	\$100.00	40/-
Towing Charge		1	\$80.00	\$80.00	HN
Remove/Refix Radiator		1	\$90.00	\$90.00	50/-
Remove/Refix Aircon & Refill Gas		1	\$130.00	\$130.00	80/-
Remove/Refix Fuse Box		1	\$120.00	\$120.00	HN
Remove/Refix Engine		1	\$600.00	\$600.00	180/-
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00	
Diagnostic & Resetting ADAS Optical sensor		1	\$550.00	\$550.00	
TOTAL LABOUR				\$5,720.00	
ESTIMATE TOTAL				\$ 34,854.68	

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

14/12/22 @ 1200hrs

Not Antenna

2/Sum 18 days

mya

2kk Auto

2537

25317.48

5772 15,138.60

40,456.08

4/3 32,000/-

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:

5/23/23

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 16-Dec-21

INSURANCE: Budget Direct

MODEL: HYUNDAI IONIC

VEHICLE NO.: SHC 887Y

Description	Qty	List Price	Amount
Radiator Hose & Tube Assy <i>bt</i>	1	\$ 268.38	\$ 268.38
Hose & Tube Assy <i>bt</i>	1	\$ 366.89	\$ 366.89
Wiper Top Garnish <i>cut</i>	1	\$ 681.20	\$ 681.20
Engine Crossmember <i>bt</i>	1	\$ 1,803.90	\$ 1,803.90
electronic clutch pump <i>broken</i>	1	\$ 4,386.50	\$ 4,386.50
electronic clutch pump - inverter <i>new</i>	1	\$ 864.30	\$ 864.30
HPCU tray <i>bt</i>	1	\$ 367.80	\$ 367.80
electronic clutch pump fluid tank <i>bt broken</i>	1	\$ 463.20	\$ 463.20
Traction motor Assy <i>socket broken</i>	1	\$ 8,671.59	\$ 8,671.59
Hybrid Cooling Pipe Motor <i>bt not working</i>	1	\$ 432.20	\$ 432.20
Hybrid Cooling Return hose <i>ur</i>	1	\$ 238.66	\$ 238.66
HSG ASSY RETURN HOSE A <i>ur</i>	1	\$ 356.81	\$ 356.81
HSG ASSY RETURN HOSE B <i>bt</i>	1	\$ 398.63	\$ 398.63
SUB TOTAL			\$ 19,300.06
LESS 20%			\$ 3,860.01
DISCOUNTED TOTAL			\$ 15,440.05
Clutch Fluid <i>new</i>	SN 2	\$ 85.00	\$ 170.00
SUB TOTAL			\$ 170.00
Labour Charge			
Four Wheel Alignment	1	\$120.00	\$120.00
Remove/Refix Undercarriage (Frt)	1	\$400.00	\$400.00
Repair Front Chassis Member	1	\$800.00	\$800.00
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00
TOTAL LABOUR			\$1,870.00
ESTIMATE TOTAL			\$ 17,480.05

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

✓
✓
✓
✓
✓
X
✓
✓
✓
✓
✓
✓
✓

18,435.76
14,748.60

X

601-
801-
1501- 2501-
421
390.00

15,138.60

rym

2kk And

[Signature]

Check parts prices.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	
Vehicle No.:	SHC887Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	31 Dec 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Yellow
Manufacturing Year:	2019
Engine No.:	G4LEKU387386
Chassis No.:	KMHC851CVLU183671
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,680.00
Original Registration Date:	27 Nov 2019
First Registration Date:	27 Nov 2019
Transfer Count:	0
Actual ARF Paid:	\$12,952.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Nov 2027
PARF Rebate Amount:	\$9,714.00
Intended COE Rebate Details	
COE Expiry Date:	26 Nov 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,933.00
COE Rebate Amount:	\$19,143.00
Total Rebate Amount:	\$28,857.00
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 13 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 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. 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	13/12/2021 11:30 (SGT)
Date of Accident	11/12/2021 17:00 (SGT)
Exact Location of Accident	Tampines North Drive 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC887Y
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) +65-98484135
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	TANG ENG CHEONG
NRIC No	SXXXX292C



Date Of Birth	28/01/1969
Occupation	Outdoor
Date Of Driving Pass	05/01/1994
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98484135
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	114 SIMEI STREET 1 #07-616
Address complement	-
Postcode	520114
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	Raining
Road Surface	Wet

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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

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 THE 11/12/2021 AT AROUND 1700HRS, I VEHICLE A(SHC887Y) WAS DRIVING ALONG TAMPINES DRIVE 2 ON THE RIGHT LANE. TRAFFIC WAS GREEN ON MY FAVOUR SO I PROCEED. SUDDENLY VEHICLE B(SLT7294A) TURNED RIGHT WITHOUT CHECKING AND COLLIDED HEAD ON. AMBULANCE ARRIVED TO ATTEND TO MY PASSENGER BUT NO ONE IS INJURED.

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	SLT7294A
Vehicle Manufacturer	Perodua
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEW KANG HAI
NRIC No	SXXXX920E
Contact Number	-
Address	-
Address complement	273 TAMPINES STREET 22 #10-62
Postcode	520273
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 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 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.

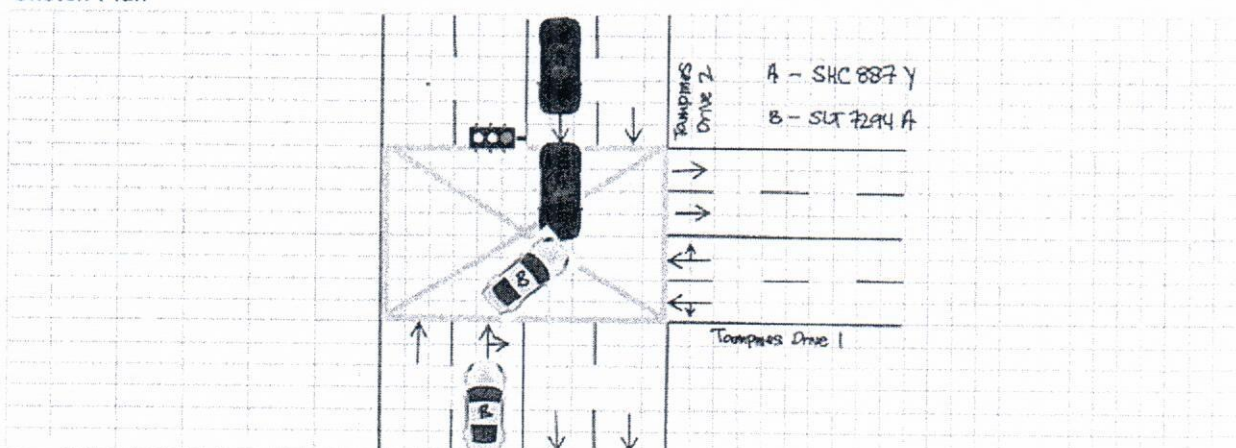
Dahnial

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 12/12/2021 1115

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE 11/12/2021 AT AROUND 1700 HRS, I VEHICLE A(SHC887Y) WAS DRIVING ALONG TAMPINES DRIVE 2 ON THE RIGHT LANE. TRAFFIC WAS GREEN ON MY FAVOUR SO I PROCEED. SUDDENLY VEHICLE B(SLT7294A) TURNED RIGHT WITHOUT CHECKING AND COLLIDED HEAD ON. AMBULANCE ARRIVED TO ATTEND TO MY PASSENGER BUT NO ONE IS INJURED.

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 12/12/2021 1115

Witnessed by Reporting Centre Personnel

Dahnial

STIC 8875 Book Value

~~Value of taxi~~

Purchase cost of taxi = 74,120.91

Less PARF of 7771.00 = 66,349.91

Depreciation 1st year = 66,349.91
8496

= ~~789.87~~ 691.14

71

Balance 83 months = ~~58,055.76~~ 49,070.94

Add PARF 7771.00 = ~~65,826.76~~ 56,841.94

Less Total LTA Repaid = ~~65,826.76~~ 56,841.94
= 28,857.00

Value of taxi = ~~36,969.76~~ 27,984.94
27,984.94