

SEA REC. BY: Thuan

NTUC

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.

Claims No.

Sum Insured:

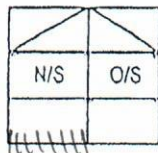
Excess:

(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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHC8297

Yr Rogn:

20/1/21

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

Truck / Trailer or

Make:

Hyundai Ionix

c.c 1580

Colour

A/C: Insured / Std / NI / NA

Sp. Reading

134724

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

km11851021

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

Westlake

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

10/12/21

D.O.I.

10/12/21

700

Survey held at

CDG

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

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

Date / Time

Action / Instruction

Rebate: 30897

Date/Time, File Pass to?

☐

Prell. Report

ij

☐

Final Report

Date/Time, File Return to?

3

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weld end (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

Total

Report Form:

Form 1/1/1

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 10.12.2021

Time: 14:46:34

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305497466
 REGN NO : SHC8297Y
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 28.01.2021
 DATE/TIME IN : 10.12.2021 11:05
 ACCIDENT DATE : 10.12.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | |
|------------------------|---------------------------|-----|--------|-------|-----------|----------------------|
| 0001 04-01-0104-2282-G | COVER-RR BUMPER# | 1 | 459.40 | 20.00 | 367.52 | XV |
| 0002 04-01-0104-2533-G | MOULDING ASSY-RR BUMPER C | 1 | 451.25 | 20.00 | 361.00 | /scr |
| 0003 04-01-0104-2545-G | MOULDING-REAR BUMPER LWR | 1 | 155.00 | 20.00 | 124.00 | /DIS |
| 0004 04-01-0104-1150-A | PROTECTOR MAT | 1 N | 50.00 | 2.00- | 50.00 | X scr SUC |
| 0005 04-01-0101-0111-G | BUMPER COVER CLIP REAR | 1 L | 2.20 | 20.00 | 1.76 | /nec |
| 0006 28-01-0104-2029-A | VEHICLE NUMBER PLATE REAR | 1 N | 50.00 | 10.00 | 45.00 | /Crg ✓ |
| | | | | | SUB-TOTAL | : 949.28 |

JOB NATURE

| | | | |
|---------|-----------------------------|-----------|----------|
| 0000 PB | PANEL BEATING | 400.00 | 350 |
| 0001 SP | SPRAYPAINT CHARGE | 300.00 | 250 |
| 0002 L | REMOVE/REFIX REVERSE SENSOR | 50.00 | 20 ✓ |
| | | SUB-TOTAL | : 750.00 |

Thavan @ Lkh auto. com
 82235769
 12/12/21 1700
 P/P bfr paint photo
 2 days 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 Registered Vehicle

| | |
|---|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 821R |
| Vehicle Details | |
| Vehicle No.: | SHC8297Y |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 14 Dec 2021 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | AE IONIQ HEV FL 1.6 DCT |
| Primary Colour: | Blue |
| Manufacturing Year: | 2019 |
| Engine No.: | G4LEKU420646 |
| Chassis No.: | KMHC851CVLU192721 |
| Maximum Power Output: | 103.6 kW (138 bhp) |
| Open Market Value: | \$24,742.00 |
| Original Registration Date: | 28 Jan 2021 |
| First Registration Date: | 28 Jan 2021 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$5,000.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 27 Jan 2029 |
| PARF Rebate Amount: | \$3,750.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 27 Jan 2029 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$30,510.00 |
| COE Rebate Amount: | \$27,147.00 |
| Total Rebate Amount: | \$30,897.00 |
| 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 14 Dec 2021

OK

Date/Time: 10.12.2021 14:29

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305497466

TOMER
VS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

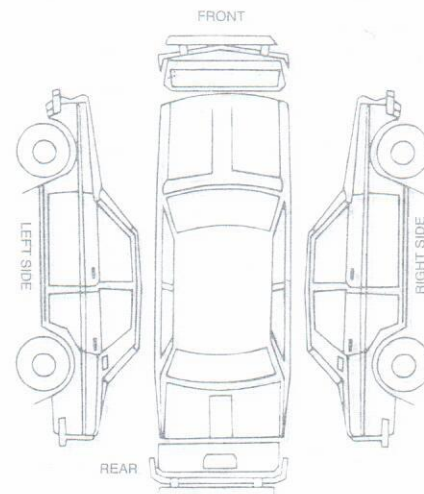
OUNT CARD NO.

| | |
|-----------------------------------|----------------------------------|
| REGN NO: SHC8297Y | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL TONIQ(G3) | DATE/TIME IN 10.12.2021 11:05 |
| YR OF MANU. 28.01.2021 | TARGET DATE |
| CHASSIS CODE KMHC851CVLU192721 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

ccident Date: 10.12.2021
ATURE: 3P.10.12.2021

/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: SHC8297Y

JU NTUC

Vehicle No.:

SHC8297Y

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard



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 | 10/12/2021 13:59 (SGT) |
| Date of Accident | 10/12/2021 02:45 (SGT) |
| Exact Location of Accident | Singapore, Jurong Town Hall |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC8297Y |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Company Reg No | 1XXXXX821R |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Mobile Phone No | (Phone) +65-94365049 |
| 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/P2419138 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | SIM KIAN CHOON |
| NRIC No | SXXXX841I |

| | |
|--|-------------------------------|
| Date Of Birth | 21/10/1961 |
| Occupation | Outdoor |
| Date Of Driving Pass | 11/04/1988 |
| Driving experience | 33 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94365049 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | 409 YISHUN RING ROAD #04-1791 |
| Address complement | - |
| Postcode | 760409 |
| 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 to Rear |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|--------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Tampines Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005871999 |
| Alt. Police Station Phone No | (Fax) +65-65871699 |
| Police Station Address | 6 Tampines Ave 4 Singapore 529682 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT No.T/20211210/2014

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 | SKW3472A |
|-----------------------------|----------|

| | |
|---|-------------|
| Vehicle Manufacturer | BMW |
| Vehicle Model | 325i |
| Vehicle Variant | - |
| Vehicle Colour | White |
| Vehicle Category | Private car |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------------------------|
| Name of injured person | SIM KIAN CHOON |
| Gender | Male |
| Phone No | (Phone) +65-94365049 |
| Address | 409 YISHUN RING ROAD #04-1791 |
| Address Complement | - |
| Post Code | 760409 |
| Approximate Age Years Old | 60 |
| Injuries Sustained | - |
| Injured person in which vehicle? | SHC8297Y |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

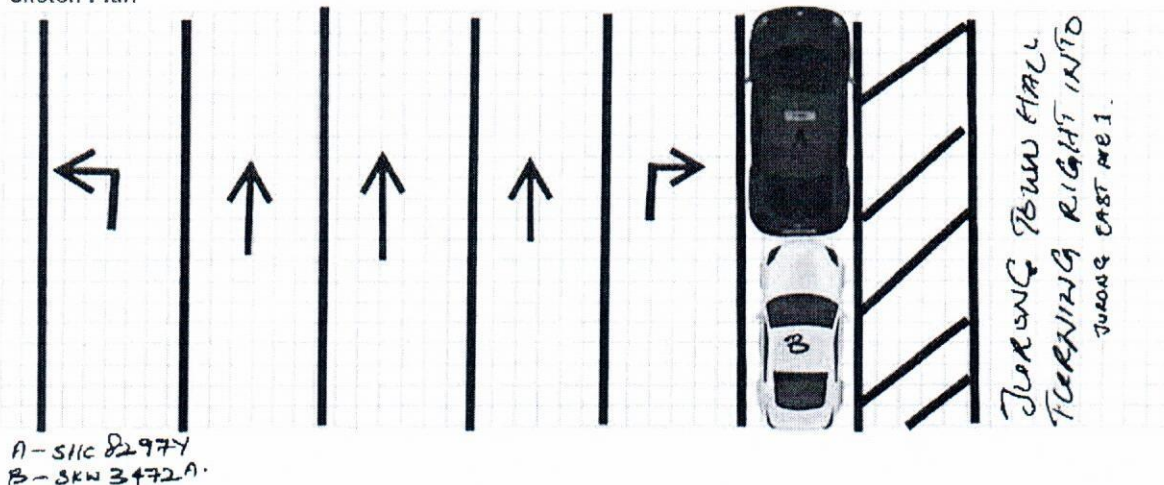
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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.
 (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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT

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