

REG. NO: Thavan

PLATE: Ntuc

NS/INC21012766/Vtc

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TPRES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No

Claims No MT/1154732-002

Sum Insured:

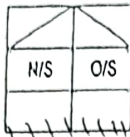
Excess:

(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: % ✓ 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SH19463X ✓

Yr Regn:

22/10/19

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

Truck / Trailer or

Make:

Hyundai ioniq

cc 1580

Colour:

blue

AC: Insured / Std / Nil / NA

Sp Reading

748369

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

KMTIC85ICULU 186516

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

Modi: Nil / IR / STD AIR/Im 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.

31/12/21

D.O.I.

14/12/21 17/5

Survey held at

CDGE

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

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

Date / Time

Action / Instruction

recheck: 27605

FINALISE LUMP SUM \$4250, 4DAYS

RED: 3006.58 ;41%

Date/Time: File Pass to?

☐

: Prelim. Report

By

☐

: Final Report

Date/Time: File Return to?

By

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

Adcl Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Visual Insp (\$

___S + RS___SI

Paints

Others

Total

Report Features:

Letter Sign / UIC /

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

13.12.2021

VEHICLE NO SH 9463X
 MAKE REG. 22.10.2019
 MODEL IONIQ G3

CHIANG/NTUC

QTY	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$459.40
1	REAR BUMPER CENTRE MOULDING			\$451.25
1	REAR BUMPER REINFORCEMENT			\$394.80
2	REAR BUMPER STAY LH /RH		\$138.10	\$276.20
1	REAR BUMPER LOWER CENTRE MOULDING			\$155.00
1	REAR CENTRE UNDER COVER			\$225.00
10	REAR BUMPER CLIPS		\$2.20	\$22.00
1	BOOTLID COVER			\$2,480.40
1	BOOTLID LOCK UPPER			\$224.00
1	BOOTLID H EMBLEM			\$38.00
1	BOOTLID EMBLEM IONID			\$31.80
1	BOOTLID EMBLEM HYBRID			\$24.30
1	REAR END PANEL			\$532.00
1	REAR PANEL GARNISH			\$346.80
1	BUMPER FOG LAMP			\$201.00
1	BUMPER NUMBER LAMP LH/RH		\$85.30	\$170.60
1	BUMPER HOOK COVER			\$94.60
1	REAR REFLECTOR LH /RH		\$41.45	\$82.90
1	REAR ANTENNA - SMART KEY			\$40.50
2	REAR BUMPER BRACKET LH /RH			\$55.80
				\$6,306.35
				20.00%
				\$1,261.27
DISCOUNTED TOTAL				\$5,045.08
1	REAR BUMPER MAT			\$50.00
1	BOOTLID COMFORT APP STICKER			\$40.00
2	BOOTLID COMFORT /TEL NUMBER STICKER		\$30.00	\$60.00
1	REAR NUMBER PLATE W/HOLDER			\$55.00
1	REAR REVERSE SENSOR			\$180.00
				\$351.50
Labour Charge				
Panel Beating				\$900.00
Spray Painting Charge				\$600.00
Remove/Refix rear wscreen and lower glass				\$180.00
Check wiring and lighting				\$60.00
Tuff Kote				\$60.00
Remove/Refix reverse sensor				\$60.00
TOTAL LABOUR				\$1,860.00
ESTIMATE TOTAL				\$7,256.58

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:

Thevantharathar for
 4 82235769

12/12/21 1715

L/S after repair photo
 3 days up

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	B21R
Vehicle Details	
Vehicle No.:	SH9463X
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Dec 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	GALEKU397224
Chassis No.:	KMHC851CVLU186516
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,695.00
Original Registration Date:	22 Oct 2019
First Registration Date:	22 Oct 2019
Transfer Count:	0
Actual ARF Paid:	\$12,973.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Oct 2027
PARF Rebate Amount:	\$9,729.00
Intended COE Rebate Details	
COE Expiry Date:	21 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$24,460.00
COE Rebate Amount:	\$17,876.00
Total Rebate Amount:	\$27,605.00
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 16 Dec 2021

OK

Date/Time: 14.12.2021 08:29

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4151747

JC NO 305497835

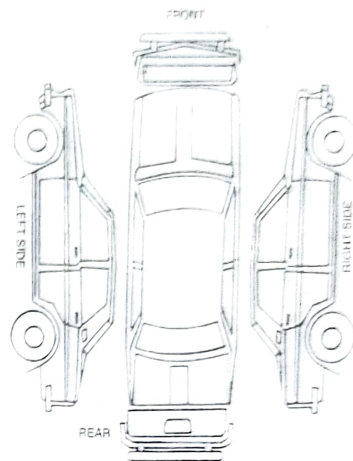
CUSTOMER	MR/MS	COMFORT TRANSPORTATION PTE LTD	REGD NO	SH 9463X	MILEAGE
	CUSTOMER NO	7010045	MAKE	HYUNDAI	FUEL
	ADDRESS	383 SIN MING DRIVE	MODEL	IONIQ(G3)	E 1/2
		Singapore SINGAPORE 575717	YR OF MANU	22.10.2019	DATE/TIME IN
	TEL (R)	65508755			13.12.2021 12:25
	(P)		CHASSIS CODE	KMH0851CVLU186516	TARGET DATE
DISCOUNT CARD NO					COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 13.12.2021

NATURE: 3P 13.12.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:

No.:

Vehicle No.:

SH 9463X

CHIANG

Exit Pass

Vehicle No.:

SH 9463X

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned 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	13/12/2021 17:34 (SGT)
Date of Accident	13/12/2021 09:50 (SGT)
Exact Location of Accident	Marymount Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9463X
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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) +65-90677343
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	SALBIAH BTE ABD HADI
NRIC No	SXXXX266H

Date Of Birth	15/06/1954
Occupation	Outdoor
Date Of Driving Pass	20/10/1978
Driving experience	43 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90677343
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	32 BENDEMEER ROAD #05-781
Address complement	-
Postcode	330032
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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?	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 13/12/2021 AT ABOUT 09:50HRS, I WAS DRIVING VEHICLE A, SH9463X TRAVELLING ALONG MARYMOUNT ROAD AT THE 3RD LANE FROM THE RIGHT. THERE WAS ROADWORK IN FRONT OF ME AND I SLOWED DOWN TO LANE CHANGE TO THE RIGHT. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B HAS REAR ENDED MY VEHICLE.

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	SLQ3520P
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
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) -

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 Authorized 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:

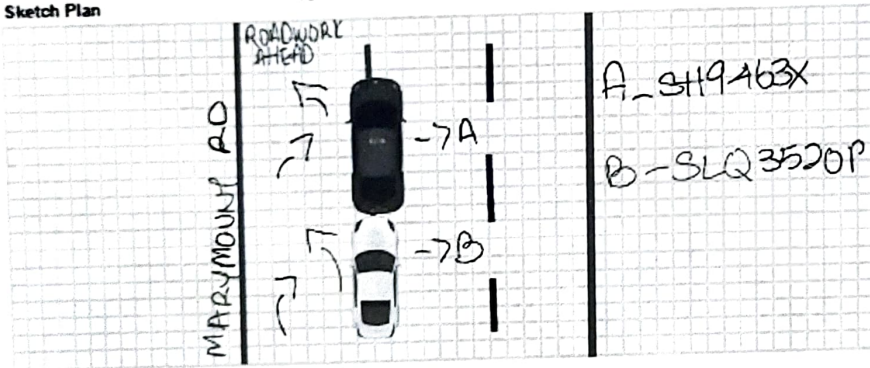
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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, law firms/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' law firms/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/are disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/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
16:00 15.12.21

Witnessed by Reporting Centre Personnel M.D. N.A. 22

Sketch Plan



Describe Circumstances of the Accident

ON 13/12/2021 AT ABOUT 09:50HRS, I WAS DRIVING VEHICLE A, SH9463X TRAVELLING ALONG MARYMOUNT ROAD AT THE 3RD LANE FROM THE RIGHT. THERE WAS ROADWORK IN FRONT OF ME AND I SLOWED DOWN TO LANE CHANGE TO THE RIGHT. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B HAS REAR ENDED MY VEHICLE.

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 16:00 13.12.21

Witnessed by Reporting Centre Personnel MRS WARDEN