

SEA FILE BY: Thevan

REF:

Ntuc

NS/INC21012958/Vvc

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: SLC 8547D

Policy No.

Claims No. MT/1155397-002

Sum Insured:

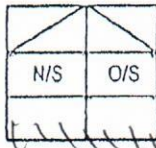
Excess:

(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: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SH6119k

Yr Rogn:

31/8/21

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

Truck / Traller or

Make:

Hyundai i-oniq

c.c 1580

Colour

blue

A/C: Insured / Std / NI / NA

Sp. Reading

45/29

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

km+1085/CULU 193 192

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.

16/12/21

D.O.A.

17/12/21 1700

Survey held at

CDGIE

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

Rebate: 39453

30/12/21 Thevan confirmed \$1900.10 (red 1425.24, 42%)

Date/Time File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time File Return to?

3/1/22-typist

Report Form: TP

Limit Sum / RE: \$1900.10

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weld and (\$

Survey Fee:

Transportation:

S + RS: \$

Plunk

Calves

TOTAL

REPAIR ESTIMATE*

VEHICLE NO SH6119k

6/12/2021

MAKE REG 31.08.2021

CHIANG/NTUC

MODEL IONIQ G3

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER		\$459.40
1	REAR BUMPER SIDE BRACKET LH		\$55.80
1	REAR BUMPER REINFORCEMENT		\$394.80
2	REAR BUMPER REINFORCEMENT STAY LH/RH		\$276.20
1	REAR BUMPER CENTRE MOULDING		\$451.25
1	REAR BUMPER TOW COVER		\$94.60
1	REAR BUMPER REFLECTOR LH		\$41.45
1	REAR NUMBER PLATE LAMP		\$85.30
1	ANTENNA SMART KEY SENSOR		\$40.50
1	REAR FOG LAMP		\$201.50
10	REAR BUMPER CLIPS		\$22.00
	SUB TOTAL		\$2,122.80
	20.00%		\$424.56
	DISCOUNTED TOTAL		\$1,698.24
1	REAR REVERSE SENSOR		\$180.00
1	REAR NUMBER PLATE W/HOLDER		\$55.00
1	REAR BUMPER MAT		\$50.00
			\$261.50
	Labour Charge		
	Panel Beating		\$600.00
	Spray Painting Charge		\$400.00
	Check Lighting and Wiring		\$60.00
	Tuff Kote		\$90.00
	Remove/refix Reverse sensor		\$60.00
	TOTAL LABOUR		\$1,210.00
	ESTIMATE TOTAL		\$3,169.74
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.			

Thuran@lkhauto.com

82235769

17/12/21 1700

P/p bfr paint photo

2 days w.p. ✓

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:

Date/Time: 17.12.2021 11:28

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4152859

JC NO 305498226

CUSTOMER

REGN NO.: SH 6119K

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL IONIQ(G3)

DATE/TIME IN 16.12.2021 16:15

YR OF MANU. 31.08.2021

TARGET DATE

CHASSIS CODE KMHC851CVLU193192

COMPLETION DATE/TIME:

DISCOUNT CARD NO.

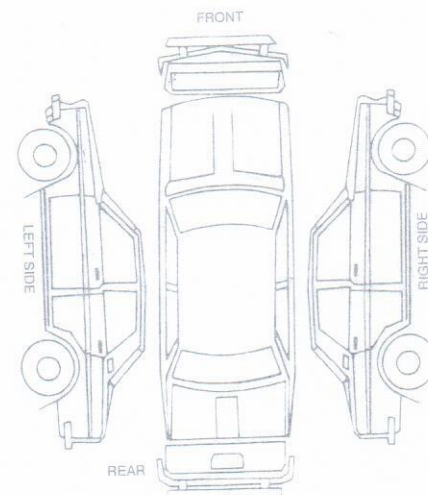
JOB DESCRIPTION

Accident Date: 16.12.2021

INCIDENT: 3P 16.12.2021

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Name:

Vehicle No.:

Vehicle No.:

SH 6119K

CHIANG

SH 6119K

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SH6119K
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Dec 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU422808
Chassis No.:	KMHC851CVLU193192
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,308.00
Original Registration Date:	31 Aug 2021
First Registration Date:	31 Aug 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Aug 2029
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	30 Aug 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,087.00
COE Rebate Amount:	\$35,703.00
Total Rebate Amount:	\$39,453.00
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 17 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	16/12/2021 17:38 (SGT)
Date of Accident	16/12/2021 15:40 (SGT)
Exact Location of Accident	Airport Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6119K
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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) +65-91253861
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	PHANG LEE
NRIC No	SXXXX458Z

Date Of Birth	11/02/1949
Occupation	Outdoor
Date Of Driving Pass	26/04/1969
Driving experience	52 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91253861
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	53 NEW UPPER CHANGI ROAD #16-1482
Address complement	-
Postcode	461053
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 16/12/2021 AT ABOUT 1540HRS I WAS DRIVING MY VEHICLE A SH6119K FROM AIRPORT ROAD TURNING LEFT ONTO PAYA LEBAR ROAD. AT THE SLIP ROAD I STOP MY VEHICLE A AT THE GIVE WAY LINES. VEHICLE B SLC8547D THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER IS NOT INJURED. HANDPHONE EXCHANGED.

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	SLC8547D
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96187756
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

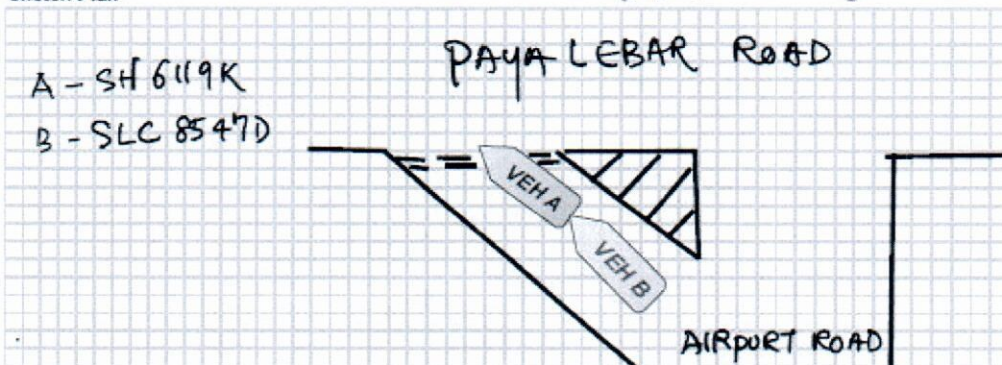
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

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

ON 16/12/2021 AT ABOUT 1540HRS I WAS DRIVING MY VEHICLE A SH6119K FROM AIRPORT ROAD TURNING LEFT ONTO PAYA LEBAR ROAD. AT THE SLIP ROAD I STOP MY VEHICLE A AT THE GIVE WAY LINES. VEHICLE B SLC8547D THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER IS NOT INJURED. HANDPHONE EXCHANGED

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 16.12.2021 1700 HRS

Witnessed by Reporting Centre
Personnel

Wong Yung