

REG. BY:

Thuan

CC4 / AIG 21013007 / p43

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

at

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.

N/S	O/S

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:

SHD4699S

Yr Regn:

30/10/20

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

Truck / Trailer or

Make:

Hyundai ioniq

cc 1580

Colour:

blue

A/C: Insured / Std / Nil / NA

Sp. Reading

128877

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

hmt1c851cULU 1a/613

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/65 R15

R:

195/65 R15

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.

20/12/21

D.O.I.

22/12/21

1630

Survey held at

CDGE

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

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

Date / Time

Action / Instruction

rebat: 33319

Date/Time, File Pass to?

☐

: Prelim. Report

Date/Time, File Return to?

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: V/A and

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Collage

Total

Report Form:

Form 146 / 1.0.1.1

COMFORTDEL GRO ENGINEERING PTE LTD

REPAIR ESTIMATE

AIA (PIP) Jumar

Date: 22.12.2021

Time: 09:03:03

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 : 305498717
 REGN NO : SHD46995 ✓
 MILEAGE : 000000000
 MAKE : HYUNDAI
 MODEL : IONIQ (G3)
 DATE OF REGN : 30.10.2020
 DATE/TIME IN : 21.12.2021 14:20
 ACCIDENT DATE : 20.12.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-0578-G	COVER-FR BUMPER#	1	430.90	20.00	344.72	/Cut
0002	04-01-0104-3918-G	BRACKET-FR BUMPER SIDE RH	1	35.00	20.00	28.00	/nec
0003	04-01-0101-0111-G	BUMPER COVER CLIP REAR front	10 L	22.00	20.00	17.60	/nec
0004	04-01-0104-2687-G	MOULDING-FRONT BUMPER CTR	1	368.50	20.00	294.80	/DIS
0005	04-01-0104-0573-G	PANEL-FENDER RH#	1	588.80	20.00	471.04	/DT
0006	04-01-0104-2686-G	MOULDING-FRONT BUMPER RH	1	93.45	20.00	74.76	/scr
0007	04-01-0104-3913-G	EMBLEM-BLUE DRIVE RH	1	26.60	20.00	21.28	/nec ✓
SUB-TOTAL :							1,252.20

JOB NATURE

0000	PB	PANEL BEATING	800.00	700
0001	SP	SPRAYPAINT CHARGE	600.00	500
0002	17-01	CHECK ALL LIGHTING	50.00	20
0003	20-00	TUFF COAT ON AFFECTED PARTS.	50.00	20 ✓

COMFORT DELORO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 22.12.2021

Time: 09:03:03

Page: 2

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

JOB NO : 305498717
REGN NO : SHD4699S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 30.10.2020
DATE/TIME IN : 21.12.2021 14:2
ACCIDENT DATE : 20.12.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,500.00

TOTAL : 2,752.20

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Theuan@lkhauto.com
82235769
22/12/21 1630
p/p ~~gtr~~ bfr paint photo
3clays 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.:

SHD4699S

Vehicle to be Exported:

No

Intended Deregistration Date:

05 Jan 2022

Vehicle Make:

HYUNDAI

Vehicle Model:

AE IONIQ HEV FL 1.6 DCT

Primary Colour:

Blue

Manufacturing Year:

2019

Engine No.:

G4LEKU415032

Chassis No.:

KMH851CVLU191613

Maximum Power Output:

103.6 kW (138 bhp)

Open Market Value:

\$25,316.00

Original Registration Date:

30 Oct 2020

First Registration Date:

30 Oct 2020

Transfer Count:

0

Actual ARF Paid:

\$12,443.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

29 Oct 2028

PARF Rebate Amount:

\$9,332.00

Intended COE Rebate Details

COE Expiry Date:

29 Oct 2028

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$28,160.00

COE Rebate Amount:

\$23,987.00

Total Rebate Amount:

\$33,319.00

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 05 Jan 2022

OK

Date/Time: 21.12.2021 16:50

Page : 1

JOB CARD Sales Order:

IC NO 305498717

am: ARC Repair TP(CLS0)1

OMER
 IS COMFORT TRANSPORTATION PTE LTD
 OMER NO 7010045
 LESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65508755 (C)

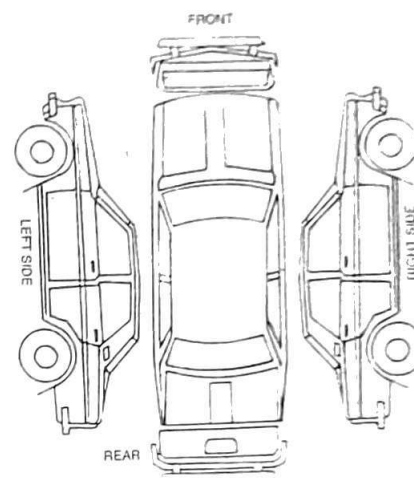
REQN NO SHD4699S	MILEAGE
MAKE HYUNDAI	FUEL E 1/2 F
MODEL IONIQ(G3)	DATE/TIME IN 21.12.2021 14:20
YR OF MANU 30.10.2020	TARGET DATE
CHASSIS CODE KMHC851CVLU191613	COMPLETION DATE/TIME

JUNT CARD NO

JOB DESCRIPTION

Accident Date: 20.12.2021
 ATURE: 3P.20.12.2021

NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHD4699S

JU AIG

Vehicle No.: SHD4699S

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

INSURER ENQUIRY


Find

insurer

Vehicle reg. no.

SLJ9592D

Date of Accident

20/12/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**
Period of Insurance **30/12/2020 - 29/12/2021**
Requested By **Janet Lim Siang Gek (COMFOR...**
Requested Date **21/12/2021 16:10**

Payment details

Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



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	22/12/2021 12:20 (SGT)
Date of Accident	20/12/2021 16:35 (SGT)
Exact Location of Accident	Tampines Central 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4699S
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) +65-90080745
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	NG WOEI CHIANG
NRIC No	SXXXX998H



Date Of Birth	27/08/1971
Occupation	Outdoor
Date Of Driving Pass	24/12/2014
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-90080745
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	870 WOODLANDS STREET 81 #09-302
Address complement	-
Postcode	730870
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

ON THE 20/12/2021 AT AROUND 1635HRS. I VEHICLE A(SHD4699S) WAS TRAVELLING ALONG TAMPINES CENTRAL 1. AS I WAS DRIVING I SAW VEHICLE B(SLJ9592D) ON MY RIGHT COMING COSE TO ME SO I BRAKE BUT VEHICLE B STILL COLLIDED ONTO MY FRONT RIGHT. NO ONE WAS INJURED AT THAT POINT OF TIME.

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	SLJ9592D
Vehicle Manufacturer	Mazda
Vehicle Model	5
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)	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.
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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.

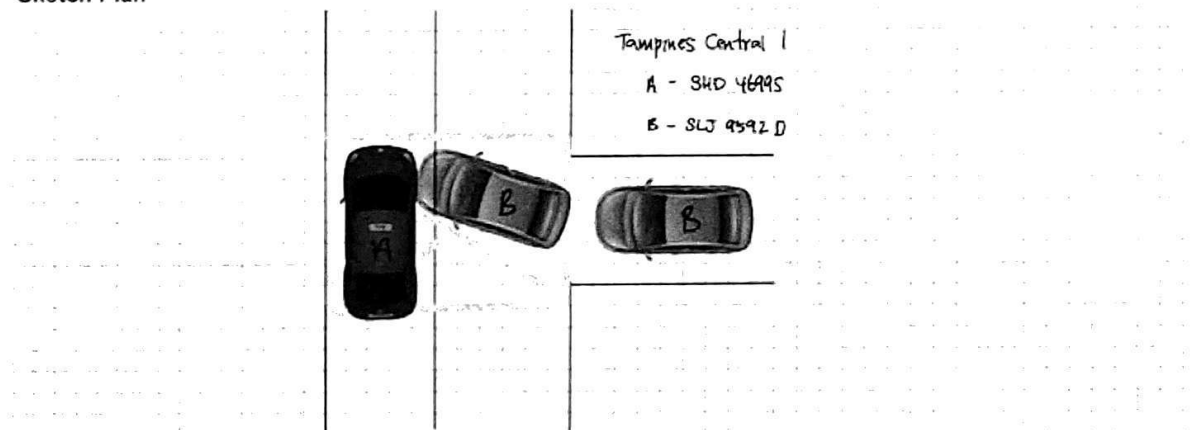
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 21/12/2015 10

Dahnial

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE 20/12/2021 AT AROUND 1635HRS. I VEHICLE A(SHD4699S) WAS TRAVELLING ALONG TAMPINES CENTRAL 1. AS I WAS DRIVING I SAW VEHICLE B(SLJ9592D) ON MY RIGHT COMING COSE TO ME SO I BRAKE BUT VEHICLE B STILL COLLIDED ONTO MY FRONT RIGHT. NO ONE WAS INJURED AT THAT POINT OF TIME.

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 21/12/2021 1510

Witnessed by Reporting Centre Personnel

Dahnial