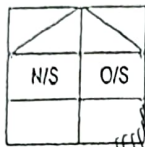


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TPRES/ODRES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured _____
 Policy No _____
 Claims No: **MT/1155446-004**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____



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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: ST183706Y ✓ Yr Regn: 26/6/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / (Car) / Prime Mover /
 Truck / Trailer or
 Make: Hyundai ioniq cc 1580
 Colour: Yellow A/C: Insured / Std / HI / NA
 Sp. Reading: 817352 T/Radio: Insured / Std / HI / NA
 Eng No: _____
 C/No: hmb/c85/cvhu/61498
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / (SIR) / STD A/Rlm 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. 21/12/21 D.O.I. 22/12/21 1645
 Survey held at CDGE
 Des. of Damages: Frl / Rea / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Rebale: 25721</u>
	<u>Thevan finalised LS \$1600, 3 days (Red \$294.90, 16%)</u>

Date/Time, File Pass to? ☐ : Procl. Report
28/02 Typist ☐ : Final Report
 Date/Time, File Return to?

Days Of Repair: 3
 Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Waste land (\$ _____)

Survey Fee:
 Transportation:

Report Fee: TP
1600

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

DATE: 22-Dec-21MODEL: Hyundai IoniqVEHICLE NO.: SHB3706Y ✓INSURANCE: NTUC (LKS)MVA: LIMIT S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$459.40 / Dr
	Rear Bumper Side Retainer RH	1		\$112.70 / Hec
	Rear Bumper Reflector RH	1		\$41.45 X SUC
	Rear Bumper Centre Moulding Assy	1		\$451.25 X SUC
	Rear Bumper Clips	10	\$2.20	\$22.00 / Hec
	Rear Wheel Cap RH	1		\$346.40 / Sur ✓
	SUB TOTAL			\$1,433.20
	LESS 20%			\$358.30
	DISCOUNTED TOTAL			\$1,074.90
	S/NETT TOTAL			\$-
	SPARE PARTS TOTAL			\$1,074.90
	<u>Labour Charge</u>			
	Panel Beating			\$800.00 700
	Spray Painting Charge – Rear Fender RH			\$600.00 500
	Remove/Refix Reverse Sensor			\$120.00 20 ✓
	TOTAL LABOUR			\$820.00
	ESTIMATE TOTAL			\$1,894.90

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.

Thevan@Lkhauto.com

82235769

22/12/21 1645

L/S after repair 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: 839G

Vehicle Details

Vehicle No.: SHB3706Y
Vehicle to be Exported: No
Intended Deregistration Date: 05 Jan 2022
Vehicle Make: HYUNDAI
Vehicle Model: AE IONIQ HEV 1.6 DCT
Primary Colour: Yellow
Manufacturing Year: 2019
Engine No.: G4LEKU296290
Chassis No.: KMHC851CVKU164498
Maximum Power Output: 103.6 kW (138 bhp)
Open Market Value: \$25,373.00
Original Registration Date: 26 Jun 2019
First Registration Date: 26 Jun 2019
Transfer Count: 0
Actual ARF Paid: \$12,523.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 25 Jun 2027
PARF Rebate Amount: \$9,392.00

Intended COE Rebate Details

COE Expiry Date: 25 Jun 2027
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 8
PQP Paid: \$23,872.00
COE Rebate Amount: \$16,329.00
Total Rebate Amount: \$25,721.00

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

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 10:28 (SGT)
Date of Accident	21/12/2021 10:35 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3706Y
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) +65-96671960
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	TEO CHIN HEE
NRIC No	SXXXX090E

Date Of Birth	31/05/1956
Occupation	Outdoor
Date Of Driving Pass	25/06/1977
Driving experience	44 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96671960
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	14 DUNMAN LANE
Address complement	-
Postcode	439266
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

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 21/12/2021 AT AROUND 1030HRS. I VEHICLE A(SHB3706Y) WAS DRIVING ALONG KPE(CITY) ON THE FIRST LANE. AS I WAS DRIVING, I BRAKED AS AHEAD OF ME AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT ON MY RIGHT REAR AND REALISED VEHICLE B(SBE668Z) HAS REAR ENDED ME. THERE ARE OTHER VEHICLE INVOLVED IN THE ACCIDENT THUS TRAFFIC POLICE HAVE TAKEN MY SD CARD FOR INVESTIGATION. VEHICLE C(XXX 9888K) REAR ENDED VEHICLE B RESULTING IN VEHICLE B REAR ENDING ME. VEHICLE C(SKK2020R) WAS NOT INVOLVED IN MY ACCIDENT BUT WAS BEING REAR ENDED BY TWO UNKNOWN MOTORCYCLE. THERE WERE CONVEYED OF AMBULANCE DURING THAT POINT.

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 SBE668Z
Vehicle Manufacturer Mercedes
Vehicle Model B180
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver LEE ZHI MING,SEAN
NRIC No SXXXX991B
Contact Number (Phone) +65-98340552
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XXX9888K
Vehicle Manufacturer Mercedes
Vehicle Model -
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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKK2020R
Vehicle Manufacturer Maserati
Vehicle Model Ghibli
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) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number UNKNOWN
Vehicle Manufacturer -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	UNKNOWN
Gender	-
Phone No	-

Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	SBE668Z
Was this injured conveyed to hospital by ambulance?	Yes
	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 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.

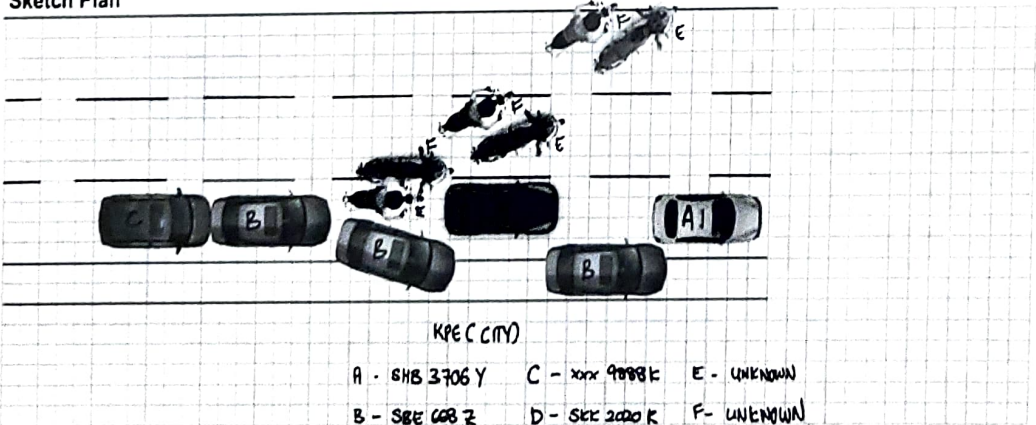
DAHNIAL

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 21/12/2021 1330

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE 21/12/2021 AT AROUND 1030HRS. I VEHICLE A(SHB3706Y) WAS DRIVING ALONG KPE(CITY) ON THE FIRST LANE. AS I WAS DRIVING, I BRAKED AS AHEAD OF ME AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT ON MY RIGHT REAR AND REALISED VEHICLE B(SBE668Z) HAS REAR ENDED ME. THERE ARE OTHER VEHICLE INVOLVED IN THE ACCIDENT THUS TRAFFIC POLICE HAVE TAKEN MY SD CARD FOR INVESTIGATION.

VEHICLE C(XXX 9888K) REAR ENDED VEHICLE B RESULTING IN VEHICLE B REAR ENDING ME. VEHICLE C(SKK2020R) WAS NOT INVOLVED IN MY ACCIDENT BUT WAS BEING REAR ENDED BY TWO UNKNOWN MOTORCYCLE.

THERE WERE CONVEYED OF AMBULANCE DURING THAT POINT.

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 1530

Witnessed by Reporting Centre Personnel

DAHNIAL

Date/Time: 22.12.2021 08:59 Page : 1

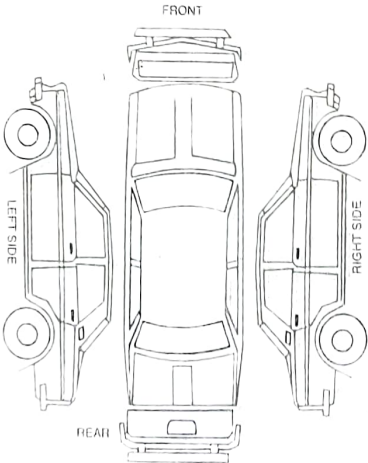
am: ARC Repair TP(CFSO)1 JOB CARD Sales Order: 4154458 JC NO305498751

OMER	REGN NO.: SHB3706Y	MILEAGE
IS CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010070	MODEL IONIQ(G2)	E.....1/2.....F
ESS 383 SIN MING DRIVE	DATE/TIME IN	21.12.2021 12:30
Singapore SINGAPORE 575717	YR OF MANU	TARGET DATE
65551188 (R) (P) (O)	26.06.2019	
DUNT CARD NO.	CHASSIS CODE	COMPLETION DATE/TIME:
	KMHC851CVKU164498	

Incident Date: 21.12.2021
ATURE: 3P 21.12.2021

JOB DESCRIPTION

NO LABOR CODE DESCRIPTION
00010 PB PANEL BEATING-SHB3706Y



KED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

io.: SHB3706Y LIMITS

Vehicle No.: SHB3706Y

Service Advisor Signature/Date Name of Service Advisor Date

urned 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:

839G

Vehicle Details

Vehicle No.:

SHB3706Y

Vehicle to be Exported:

No

Intended Deregistration Date:

05 Jan 2022

Vehicle Make:

HYUNDAI

Vehicle Model:

AE IONIQ HEV 1.6 DCT

Primary Colour:

Yellow

Manufacturing Year:

2019

Engine No.:

G4LEKU296290

Chassis No.:

KMHCB851CVKU164498

Maximum Power Output:

103.6 kW (138 bhp)

Open Market Value:

\$25,373.00

Original Registration Date:

26 Jun 2019

First Registration Date:

26 Jun 2019

Transfer Count:

0

Actual ARF Paid:

\$12,523.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

25 Jun 2027

PARF Rebate Amount:

\$9,392.00

Intended COE Rebate Details

COE Expiry Date:

25 Jun 2027

COE Category:

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

COE Period(Years):

8

PQP Paid:

\$23,872.00

COE Rebate Amount:

\$16,329.00

Total Rebate Amount:

\$25,721.00

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