

ASS. REC. BY:

FLR:

CS/EGI22001832/DVJ³

COE April 2027

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or NoLum Sum: 7/2 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SHIC 608L

Yr Regn:

April 2019

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

Truck / Trailer or _____

Make:

Hyundai Ioniq

c.c

1580

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

345729

T/Radio: Insured / Std / NI / NA

Eng/No:

G4LEJU191397

C/No:

KMHC851CVK U141367

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65 R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Westlake

Front

R/Bal.

S

mm

Rear

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

24/02/2022

D.O.I.

25/02/2022

Survey held at

Bijoy Sin Ning

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

N/S Runt

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

Date / Time

Action / Instruction

Brgo SKE 87658

02/08/2022

Inspected T/P 10,398.00 with 6 days of rep

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	839G

Vehicle Details

Vehicle No.:	SHC608L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	24 Feb 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Yellow
Manufacturing Year:	2018
Engine No.:	G4LEJU191397
Chassis No.:	KMHC851CVKU141367
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,888.00
Original Registration Date:	30 Apr 2019
First Registration Date:	30 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$11,844.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Apr 2027
PARF Rebate Amount:	\$8,883.00

Intended COE Rebate Details

COE Expiry Date:	29 Apr 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,940.00
COE Rebate Amount:	\$13,560.00
Total Rebate Amount:	\$22,443.00

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 24 Feb 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	24/02/2022 17:00 (SGT)
Date of Accident	24/02/2022 15:00 (SGT)
Exact Location of Accident	31 Jln Rama Rama, Singapore 329111
Additional Location Information	ROYAL CONDO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC608L
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) +65-96931193
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	GHAN DJIN HOAT
NRIC No	SXXXX449C



Date Of Birth	27/03/1951
Occupation	Outdoor
Date Of Driving Pass	11/11/1975
Driving experience	46 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96931193
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	9 MARINE VISTA #09-05
Address complement	-
Postcode	449033
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 24/02/2022 AT ABOUT 1500HRS I WAS DRIVING MY VEHICLE A SHC608L EXITING THE ROYAL CONDO AT 31 JALAN RAMA RAMA. VEHICLE B SKE8765S THEN DROVE OUT FROM A PARKING LOT ON MY LEFT AND COLLIDED ONTO MY VEHICLE A LEFT FRONT SIDE. NO ONE WAS INJURED. PARTICULARS 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	SKE8765S
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YAP BOON NEE

NRIC No	SXXXX474B
Contact Number	(Phone) +65-92252014
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 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

Sketch Plan

A - SHC 608L

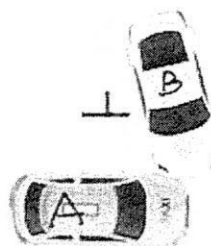
B - SKE 8765S

Driver's Signature (if driver is not the policyholder) / Date & Time

24/02/2012 1615 HRS

Witnessed by Reporting Centre Personnel

Kym Yau



OSCP
THE ROYAL CONDO
31 JALAN RAMA RAMA

Describe Circumstances of the Accident

ON 24/02/2022 AT ABOUT 1500HRS I WAS DRIVING MY VEHICLE A SHC608L EXITING THE ROYAL CONDO AT 31 JALAN RAMA RAMA. VEHICLE B SKE8765S THEN DROVE OUT FROM A PARKING LOT ON MY LEFT AND COLLIDED ONTO MY VEHICLE A LEFT FRONT SIDE. NO ONE WAS INJURED. PARTICULARS 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

Witnessed by Reporting Centre Personnel

Phone Number:

Fax Number:

Customer:		Date:	28/2/2022 2:53 PM
Company:		VIN	
License NO:	SHC608L	Technician:	
Odometer:		Order NO:	

VEHICLE ALIGNMENT REPORT

HYUNDAI, IONIQ (AE HEV) Hybrid, 17-17 (Customized)

Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	5°23' *	4°00'	5°00'	5°18' *
		Right	5°09' *	4°00'	5°00'	5°07' *
	Camber	Left	-0°26'	-0°53'	0°07'	2°04' *
		Right	-0°23'	-0°53'	0°07'	-0°23'
	Toe	Left	0°02'	-0°03'	0°09'	0°25' *
		Right	0°14' *	-0°03'	0°09'	0°14' *
Total		0°16'	-0°06'	0°18'	0°39' *	
Rear	Camber	Left	-1°58' *	-1°42'	-0°42'	-1°56' *
		Right	-2°14' *	-1°42'	-0°42'	-2°15' *
	Toe	Left	-0°02'	-0°02'	0°10'	0°02'
		Right	-0°08' *	-0°02'	0°10'	-0°13' *
		Total	-0°10' *	-0°04'	0°20'	-0°10' *
Thrust Angle		-0°03'	----		-0°07'	
Secondary Angles			Initial	Specifications		Final
				Min.	Max.	
SAI		Left	3°01' *	13°30'	14°30'	3°01' *
		Right	6°22' *	13°30'	14°30'	6°22' *
Included Angle		Left	2°34'	----	----	0°57'
		Right	5°59'	----	----	5°59'
Toe Out On Turns		Left	----	----	----	----
		Right	----	----	----	----
Max Turn Inside		Left	----	----	----	----
		Right	----	----	----	----
Toe Curve Change		Left	----	----	----	----
		Right	----	----	----	----
Setback		Front	-0.09"	----	----	-0.09"
		Rear	-0.18"	----	----	-0.18"
Track Width Diff.			-0.57"			-0.57"
Wheel Base Diff.			0.09"			0.09"
Front Ride Height		Left	----	14.68"	15.47"	----
		Right	----	14.68"	15.47"	----
Rear Ride Height		Left	----	14.65"	15.43"	----
		Right	----	14.65"	15.43"	----
Frame Angle						----

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 24-Feb-22

INSURANCE: Ergo

MODEL: HYUNDAI IONIC

VEHICLE NO.: SHC 608L

Description	Qty	List Price	Amount
Radiator Grille <i>HW</i>	1	\$ 1,409.10	\$ 1,409.10
Front Bumper Cover <i>HW</i>	1	\$ 418.30	\$ 418.30
Front bumper top cover <i>HW</i>	1	\$ 476.30	\$ 476.30
Front Bumper Sponge <i>HW</i>	1	\$ 186.90	\$ 186.90
Front Bumper Moulding Centre Upper <i>HW</i>	1	\$ 368.50	\$ 368.50
Front Bumper Moulding <i>HW</i>	1	\$ 93.60	\$ 93.60
Front Bumper Bracket Top (LH) <i>HW</i>	1	\$ 35.00	\$ 35.00
Front Bumper Bracket (LH) <i>broken</i>	1	\$ 28.00	\$ 28.00
Front Bumper Retainer Mounting (LH) <i>HW</i>	1	\$ 65.30	\$ 65.30
Front Bumper Clips 10 pcs <i>HW</i>	1	\$ 25.00	\$ 25.00
Front Bumper Grille (LH) <i>distorted / broken</i>	1	\$ 186.90	\$ 186.90
Front bumper air duct (LH) <i>distorted / broken</i>	1	\$ 153.80	\$ 153.80
Day Light, RH <i>HW</i>	1	\$ 642.50	\$ 642.50
Day Light Wire, <i>HW</i>	1	\$ 585.50	\$ 585.50
Headlamp Support Panel Assy <i>CRAC</i>	1	\$ 949.30	\$ 949.30
Headlamp(LH) <i>broken</i>	1	\$ 3,987.30	\$ 3,987.30
Front Fender(LH) <i>Distorted</i>	1	\$ 490.70	\$ 490.70
Front Fender Shield (LH) <i>distorted / broken</i>	1	\$ 164.70	\$ 164.70
Front Wheel Rim (LH) <i>2 distorted</i>	1	\$ 1,124.20	\$ 1,124.20
Front Wheel Hub assy (LH) <i>bad Dam</i>	1	\$ 678.50	\$ 678.50
Front Wheel Hub Cap <i>HW</i>	1	\$ 346.40	\$ 346.40
Front Shock Absorber(Assy)(LH) <i>distorted</i>	1	\$ 372.50	\$ 372.50
Front Shock Absorber Mounting (LH) <i>HW</i>	1	\$ 372.50	\$ 372.50
Front Suspension Lower Arm (LH) <i>distorted</i>	1	\$ 596.80	\$ 596.80
Knuckle Arm (LH) <i>distorted</i>	1	\$ 663.60	\$ 663.60
SUB TOTAL			\$ 14,421.20
LESS 20%			\$ 2,884.24
DISCOUNTED TOTAL			\$ 11,536.96
Front Fender Advertisement Logo (LH) <i>HW</i>	SN 1	\$ 100.00	\$ 100.00
Emblem-Blue Drive (LH) <i>HW</i>	SN 1	\$ 26.60	\$ 26.60
Front Tyre(LH) <i>HW</i>	SN 1	\$ 216.00	\$ 216.00
SUB TOTAL			\$ 342.60
Labour Charge			
Panel Beating	1	\$1,600.00	\$1,600.00
Spray Painting Charge	1	\$1,400.00	\$1,400.00
Wiring Charge	1	\$100.00	\$100.00
Tuff Kote	1	\$100.00	\$100.00
Towing Charge	1	\$80.00	\$80.00
Four Wheel Alignment	1	\$120.00	\$120.00

X

✓

X

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X

✓

✓

9205.35

7364.28

✓

✓

X

126.60

500/-

400/-

30/-

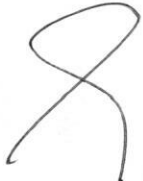
40/-

40/-

60/-

Remove/Refix Undercarriage (Frt)	1	\$400.00	\$400.00
Re-set Frt ABS System	1	\$200.00	\$200.00
Remove/Refix Radiator	1	\$90.00	\$90.00
Remove/Refix Aircon & Refill Gas	1	\$130.00	\$130.00
Remove/Refix Fuse Box	1	\$120.00	\$120.00
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00
TOTAL LABOUR			\$4,890.00
ESTIMATE TOTAL			\$ 16,769.56
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			

150/-
 1330.00
 150/-

25/02/2022 @ 1700hrs
 NA Author
 P/Part. 2/5000 6 days.
 Ryan
 LKK Auto


8820.88
 Symp 1577.12
 P/P 10,398.00

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:

BIFROST AUTO PTE LTD

SUPPLEMENTARY

DATE: 25-Feb-22

INSURANCE: Ergo

MODEL: HYUNDAI IONIC

VEHICLE NO.: SHC 608 L (S)

Description	Qty	List Price	Amount
Front Bumper Reinforcement <i>crack</i>	1	\$ 1,136.70	\$ 1,136.70
Front bumper lower grille <i>mainly broken</i>	1	\$ 365.30	\$ 365.30
Engine Under Cover <i>ton</i>	1	\$ 469.40	\$ 469.40
SUB TOTAL			\$ 1,971.40
LESS 20%			\$ 394.28
DISCOUNTED TOTAL			\$ 1,577.12
ESTIMATE TOTAL			\$1,577.12

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. Please send your book value request to: claims_ltr@bifrostable.com

Ryan 26/02/222.

2kk And

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