

ASS. REC. BY:

REF: NS/INC22003970/Rvc

8212

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SH 79504at Workshop m/s COMFORT BELROof 59, Hyundai QRInsured: FBL 4477U NPL

Policy No. _____

Claims No. MT/1170794-001

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
<u>0</u>	

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: SH 79504 Yr Regn: 2019 / NPL

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

Truck / Trailer or

Make: Hyundai A610M1Q1-6 c.c. 1580Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 402638 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CVK4141129

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: MIP / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or WESTLAKE

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 27/04/22 D.O.I. 27/04/22Survey held at COMFORT

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

REAR O/S

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

Date / Time Action / Instruction

5/5/22 Rasul informed LS \$1150 (red 774.96, 40%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 5/5/22-typist

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

Report Format: TPLump Sum / L.S. (\$ \$1150)

Date/Time: 27.04.2022 14:46

Page : 1

JOB CARD

Sales Order: 4201797

JC NO: 305514141

At: ARC Repair TP(CLS0)1

MEMER

IS COMFORT TRANSPORTATION PTE LTD

COMER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

CLNT CARD NO.

REGN NO.:

SH 7950U

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

27.04.2022 11:30

YR OF MANU.

01.03.2019

DATE/TIME IN

TARGET DATE

CHASSIS CODE

KMHC851CVKU141129

COMPLETION DATE/TIME:

JOB DESCRIPTION

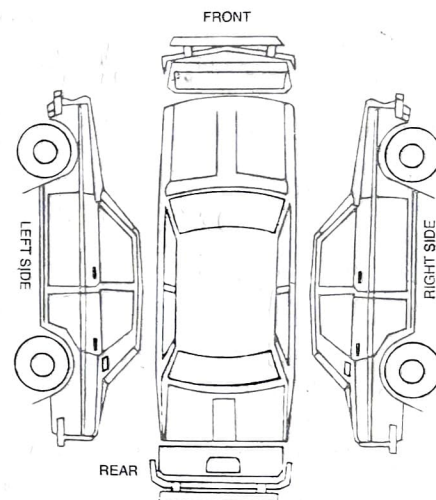
ccident Date: 27.04.2022

ATURE: 3P 27.04.2022

/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SH 7950U

YY

Vehicle No.:

SH 7950U

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SH7950U

Make : HYUNDAI

Model : IONIQ(G2)

Date: 27.04.2022

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER <i>de /</i>			\$459.40
10	REAR BUMPER CLIPS <i>nu /</i>			\$22.00
1	REAR BUMPER CENTRE MOULDING ASSY <i>ra /</i>			\$451.25
1	REAR BUMPER REFLECTOR LH <i>?</i>			\$41.45
1	REAR BUMPER TOWING COVER <i>X</i>			\$94.60
	SUB TOTAL			\$1,068.70
	LESS 20%			\$213.74
	DISCOUNTED TOTAL			\$854.96
	REAR BUMPER RUBBER MAT <i>nu /</i>			\$50.00
	REAR BUMPER REVERSE SENSOR <i>X</i>			\$180.00
				\$230.00
	Labour Charge			
	PANEL BEATING			350 \$400.00
	SPRAY PAINTING CHARGE			250 \$300.00
	CHECK ALL LIGHTING			X \$60.00
	REMOVE/REFIX REVERSE SENSOR			40 \$80.00
	TOTAL LABOUR			\$840.00
	ESTIMATE TOTAL			\$1,924.96

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.

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:

Resue
Hy 90010068
2 days
W/S
27/04/22 @ 1540
Resue after repair

SJ04224R000A / JP Knights Pte Ltd
ENTRY DATE & TIME: 27/04/2022 14:47 (SGT)
SUBMITTED BY: Siti
VERSION: 1 (27/04/2022 14:47 (SGT))



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	27/04/2022 14:47 (SGT)
Date of Accident	27/04/2022 09:00 (SGT)
Exact Location of Accident	Seletar West Link, Singapore
Additional Location Information	TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH7950U

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) +65-92736562
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	ANG AH TIONG
NRIC No	SXXXX241H

Date Of Birth	11/09/1958
Occupation	Outdoor
Date Of Driving Pass	23/05/1978
Driving experience	43 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92736562
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	512 WELLINGTON CIRCLE #14-06
Address complement	-
Postcode	750512
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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

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 27.04.2022 AT ABOUT 0900HRS I WAS DRIVING MY VEHICLE A SH7950U ON THE 2ND LANE OF SELETAR WEST LINK TOWARDS CTE. I SLOWED DOWN AND STOP AS THERE WAS AN ACCIDENT IN FRONT. VEHICLE B FBL4477U THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGERS AND BIKER IS NOT INJURED. NO 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

there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL4477U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Motorcycle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
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.
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

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

Witnessed by Reporting Centre Personnel

A - SH 7950U

B - FBL 4477U

SELETAR WEST LINK TWDS CTE



Describe Circumstances of the Accident

ON 27.04.2022 AT ABOUT 0900HRS I WAS DRIVING MY VEHICLE A SH7950U ON THE 2ND LANE OF SELETAR WEST LINK TOWARDS CTE. I SLOWED DOWN AND STOP AS THERE WAS AN ACCIDENT IN FRONT. VEHICLE B FBL4477U THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGERS AND BIKER IS NOT INJURED. NO PARTICULARS EXCHANGED

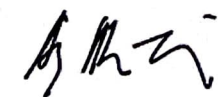
Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

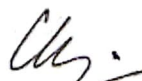
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



27.04.2022

1240HRS



Kymie Young

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	B21R
Vehicle No.:	SH7950U
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Apr 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	G4LEJU191092
Chassis No.:	KMHC851CVKU141129
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,921.00
Original Registration Date:	01 Mar 2019
First Registration Date:	01 Mar 2019
Transfer Count:	0
Actual ARF Paid:	\$11,890.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Feb 2027
PARF Rebate Amount:	\$8,917.00
COE Expiry Date:	28 Feb 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,420.00
COE Rebate Amount:	\$12,337.00
Total Rebate Amount:	\$21,254.00
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 28 Apr 2022

OK