

(06/11/03) wef

ASS. REC. BY: Paul

REF:

C  
8396**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.

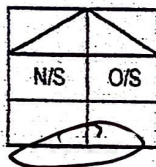
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report:

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

Date / Time

Action / Instruction

Veh No:

SHC492C

Yr Regn:

2018 / AUK

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

Truck / Trailer or

Make:

HYUNDAI IONIQ 1.6 PET

c.c 1580

Colour:

YELLOW

A/C:

Insured / Std / NI / NA

Sp. Reading:

379746

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMH0851CVKU106623

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre 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

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

18/08/22

D.O.L

19/08/22

Survey held at

COMFORT DELHI

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, File Pass to?



Prell. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

## COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

LKK-

DATE: 19.08.2022MODEL: Hyundai IoniqINSURANCE: NTUC CLSVEHICLE NO.: SHC 492C - CityCabMVA: LIMITS

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper <i>ca</i>	1		\$ 459.40
	Rear Bumper Reinforcement <i>ca</i>	1		\$ 394.80
	Rear Bumper Reinforcement Bracket LH/RH ?	2	\$ 138.10	\$ 276.20
	Rear Bumper Side Brackets LH/RH ?	2	\$ 55.80	\$ 111.60
	Rear Bumper Centre Moulding <i>de</i>	1		\$ 451.25
	Rear Bumper Lower Centre Moulding <i>sc</i>	1		\$ 155.00
	Rear Bumper Under Cover <i>2x</i>	1		\$ 225.00
	Rear Bumper Cover Clips <i>2x</i>	10	\$ 2.20	\$ 22.00
	Rear Bumper Reflector Lamp LH/RH <i>x</i>	2	\$ 41.45	\$ 82.90
	Rear Bumper Tow Cover <i>x</i>	1		\$ 98.80
	Rear Smart Key Antenna <i>x</i>	1		\$ 40.50
	Rear Foglamp <i>x</i>	1		\$ 201.50
	<b>SUB TOTAL</b>			\$ 2,518.95
	<b>LESS 20%</b>			\$ 503.79
	<b>DISCOUNTED TOTAL</b>			\$ 2,015.16
	Reverse Sensors ?	1		\$ 180.00
	Rear No. Plate With Trim Cover <i>mis</i>	1		\$ 55.00
	<b>S/NETT SUB</b>			\$ 235.00
	<b>LESS 10%</b>			\$ 23.50
	<b>S/NETT TOTAL</b>			\$ 211.50
	Rear Bumper Mat <i>x</i>	1		\$ 50.00 S/NETT
	<b>SPARE PARTS TOTAL</b>			\$ 2,276.66
	<b>Labour Charge</b>			350
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 250 300.00
	Remove/Refix Reverse Sensor			\$ 40 120.00
	<b>TOTAL LABOUR</b>			\$ 820.00
	<b>ESTIMATE TOTAL</b>			\$ 3,096.66

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during survey
- Repairs are subject to an independent surveyor appointed by the insurance company.
- 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:

*Passu*  
*Hp 90010068*  
*3 days*  
*L/S*  
*19/08/22*  
*@ 1500*

*Rem*  
*after*  
*repair*

This is an initial estimate only. A visual inspection of the above vehicle. The final repair quantum will be prepared after the



**Workshops**

205 Braddell Road Singapore 579701  
59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717

Date/Time: 18.08.2022 16:22

Page : 1

m: ARC Repair TP(CFSO)1

**JOB CARD** Sales Order: 4590522

JC NO 305526941

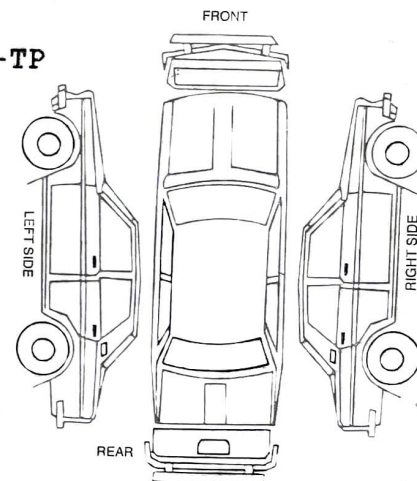
OWNER IS CITYCAB PTE LTD OWNER NO 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (P) (O)	REGN NO: <b>SHC 492C</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
	MODEL <b>IONIQ(G2)</b>	DATE/TIME IN <b>18.08.2022 14:05</b>
	YR OF MANU. <b>17.08.2018</b>	TARGET DATE
	CHASSIS CODE <b>KMHC851CVKU106623</b>	COMPLETION DATE/TIME:
	DUNT CARD NO.	

Ident Date: 18.08.2022  
FURE: 3P 18.08.2022

JOB DESCRIPTION

VO LABOR CODE  
0010 PB

DESCRIPTION  
PANEL BEATING-SHC 492C-TP



KED & PASSED OUT BY: \*

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Edge ment Slip

Exit Pass

No.: **SHC 492C** LIMITS

Vehicle No.: **SHC 492C**

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

# 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 Actual 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 ..... 18/08/2022 16:34 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 18/08/2022 13:35 (SGT)  
Exact Location of Accident ..... Republic Blvd, Singapore  
Additional Location Information ..... SLIP ROAD TO OPHIR ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC492C

### 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) +65-92373511  
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  
Policy Number / Cover Note Number ..... VFX/P2419140

### DRIVER

Name of Driver ..... SEAH CHOK CHUAN  
NRIC No ..... SXXXX867B  
Date Of Birth ..... 03/06/1964  
Occupation ..... Outdoor



Date Of Driving Pass .....	13/11/1999
Driving experience .....	22 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92373511
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 261B SENGKANG EAST WAY #07-406
Address complement .....	-
Postcode .....	542261
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 18/08/2022 AT ABOUT 13:35HRS, I WAS DRIVING VEHICLE A ( SHC492C) ALONG REPUBLIC BOULEVARD SLIP ROAD TO OPHIR ROAD. UPON REACHING SLIP ROAD JUNCTION, I STOP VEHICLE A AND LOOK FOR ONCOMING TRAFFIC ON MY RIGHT. AS MY VEHICLE WAS STATIONARY, VEHICLE B ( FBK3748A) COLLIDED ONTO VEHICLE A REAR BUMPER AND FELL DOWN.. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBK3748A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....  
Name of Driver .....  
NIC No .....  
Contact Number .....  
Address .....  
Address complement .....  
Postcode .....  
Insurance Company Name .....  
Nature Of Damage .....  
Details of property damaged in accident .....  
No. Of Passenger (Including Driver) .....

Motorcycle  
NUR FAZIRA BINTE SUPA'ET  
SXXXX641A  
(Phone) +65-81194697

-  
-  
-  
-  
-  
-  
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.

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ

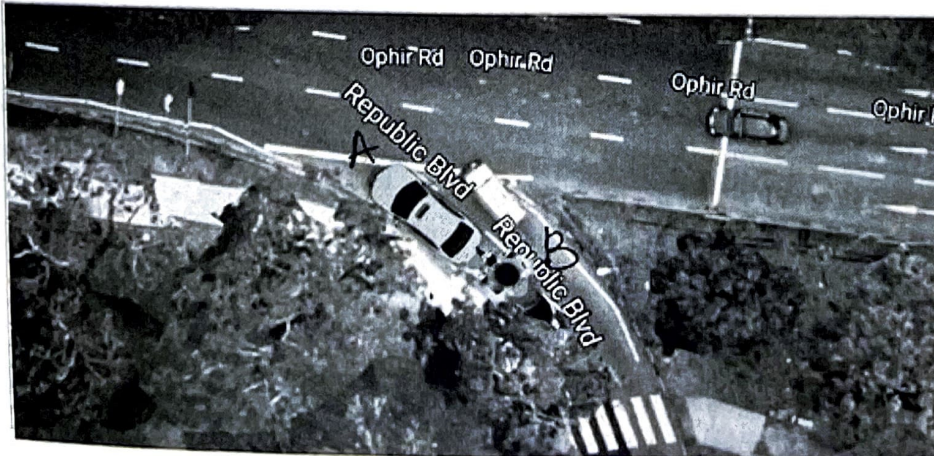


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SHC492C

B - FBK3748A

Describe Circumstances of the Accident

ON 18/08/2022 AT ABOUT 13:35HRS, I WAS DRIVING VEHICLE A (SHC492C) ALONG REPUBLIC BOULEVARD SLIP ROAD TO OPHIR ROAD. UPON REACHING SLIP ROAD JUNCTION, I STOP VEHICLE A AND LOOK FOR ONCOMING TRAFFIC ON MY RIGHT. AS MY VEHICLE WAS STATIONARY, VEHICLE B (FBK3748A) COLLIDED ONTO VEHICLE A REAR BUMPER AND FELL DOWN.. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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

18/8/22 @ 1450H

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre Personnel



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	839G
Vehicle No.:	SHC492C
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Aug 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Yellow
Manufacturing Year:	2018
Engine No.:	G4LEJU076628
Chassis No.:	KMHC851CVKU106623
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,812.00
Original Registration Date:	17 Aug 2018
First Registration Date:	17 Aug 2018
Transfer Count: -	0
Actual ARF Paid:	\$11,737.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Aug 2026
PARF Rebate Amount:	\$8,802.00
COE Expiry Date:	16 Aug 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$27,358.00
COE Rebate Amount:	\$13,623.00
Total Rebate Amount:	\$22,425.00

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 22 Aug 2022

OK