

(08/11/13) wef

ASS. REC. BY: Penn

REF:

CS/CTI 22008218/Rgy3

8396

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SHA 84166at Workshop m/s DING AUTOMOTIVEof 31, CORPORATION RD

Insured:

CTI

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:

3

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:

SHA 84166

Yr Regn:

2019 / JulyType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

HYUNDAI AEIONIQ 1.6 DLT c.c 1580

Colour

YELLOW

A/C:

Insured / Std / NI / NA

Sp.Reading

250801

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHCH851CVK164576Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: 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

ATREZZO

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

24/08/22

D.O.I.

25/08/22

Survey held at

DING AUTO

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

N/S FR

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

Rasul finalised LS \$1600, 3 days (Red \$5143.20, 76%)

Date/Time, File Pass to?

☐

: Prel. Report

1) 12/09 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

) \$ + RS, SI

) Photos

) Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

MER-TP

Lump Sum H.B.T. (\$

1600

)



TO :

FAX NO:

**ESTIMATE REPORT** 1ST Quotation

24/08/2022 12:45

JOB-NO: 50114410

**OWNER'S PARTICULARS**

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE

64739522

SINGAPORE 575717 0

**VEHICLE DETAILS**

LICENSE NO: SHA8416G

TRANS: AUTO

CHASSIS: KMHCB851CVKU164576

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEKU296332

OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD

JOB-CODE: TP

SA: Ding Auto User 2

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<b>LABOUR</b>							
1 TO STRAIGHTEN AND PANEL BEAT OF ACCIDENT AFFECTED AREA	1.00	1,200.00	0.00	1,200.00		Y	200
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	170.00	0.00	170.00		Y	X
3 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	240.00	0.00	240.00		Y	X
4 TO READJUST AND REALIGN HEADLAMP AIM	1.00	100.00	0.00	100.00		Y	30
5 TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	1.00	120.00	0.00	120.00		Y	X
6 TO VACUUM AND TOPUP A/C GAS FOR A/C CONDENSER	1.00	150.00	0.00	150.00		Y	X
7 TO REMOVE AND REFIT A/C CONDENSER, RADIATOR AND OTHER NECESSARY ITEM TO ENABLE BODYWORK REPAIR	1.00	220.00	0.00	220.00		Y	X
8 TO RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
9 TO RESPRAY FRONT BUMPER CENTER UPPER MOULDING	1.00	250.00	0.00	250.00		Y	100
10 TO RESPRAY FRONT BUMPER FOG LAMP COVER	1.00	250.00	0.00	250.00		Y	X
11 TO RESPRAY FRONT FENDER PANEL	1.00	250.00	0.00	250.00		Y	X
TOTAL:		3,200.00	0.00	3,200.00			
<b>MATERIALS</b>							
1 FRONT BUMPER COVER <i>SCA</i>	1.00	430.90	86.18	344.72	L	Y	
2 FRONT LH BUMPER RETAINER <i>X</i>	1.00	28.00	5.60	22.40	L	Y	
3 FRONT LH BUMPER SIDE SUPPORT BRACKET <i>X</i>	1.00	12.00	2.40	9.60	L	Y	
4 FRONT BUMPER ENERGY ABSORBER <i>X</i>	1.00	86.90	17.38	69.52	L	Y	
5 FRONT BUMPER CENTER UPPER MOULDING <i>SCA</i>	1.00	141.10	28.22	112.88	L	Y	
6 FRONT LH BUMPER FOG LAMP COVER <i>X</i>	1.00	93.00	18.60	74.40	L	Y	
7 FRONT LH HEADLAMP <i>SCA</i>	1.00	1,198.80	239.76	959.04	L	Y	
8 FRONT END MODULE CARRIER <i>X</i>	1.00	949.30	189.86	759.44	L	Y	
9 FRONT LH FENDER PANEL <i>X</i>	1.00	588.80	117.76	471.04	L	Y	
10 FRONT LH FENDER LINER <i>X</i>	1.00	114.70	22.94	91.76	L	Y	
11 FRONT LH FENDER EMBLEM <i>X</i>	1.00	26.60	5.32	21.28	L	Y	
12 FRONT LH WHEEL RIM COVER <i>X</i>	1.00	346.40	69.28	277.12	L	Y	
13 FRONT BUMPER CLIP SET <i>SCA</i>	1.00	55.00	0.00	55.00	S	Y	30
14 FRONT BUMPER RIVET SET <i>SCA</i>	1.00	50.00	0.00	50.00	S	Y	30

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
15 FRONT BUMPER MOULDING CLIP <i>N</i>	1.00	50.00	0.00	<del>50.00</del>	S	Y	<u>30</u>
16 FRONT FENDER LINER CLIP SET <i>X</i>	1.00	55.00	0.00	55.00	S	Y	
17 RADIATOR COOLANT <i>X</i>	1.00	120.00	0.00	120.00	S	Y	
TOTAL:		4,346.50	803.30	3,543.20			
TOTAL PARTS & LABOUR :		7,546.50	803.30	6,743.20			

EXCESS/LOADING:\$ 0.00

No. Of Day: 3 daysRE-SURVEY: BEFORE AFTER PAINTINGPART-BY-PART OR LUMP SUM: \$DATE OF SURVEY: 25 / 08 / 22SURVEYED BY: RASULCONTACT NO: 90016068

FAX NO: \_\_\_\_\_

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

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:

# 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	24/08/2022 09:46 (SGT)
Reported by	Driver
Date of Accident	24/08/2022 00:00 (SGT)
Exact Location of Accident	Eu Tong Sen St, Singapore
Additional Location Information	UPPER CROSS STREET
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8416G
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) +65-96604184
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	ABDUL RAHMAN BIN ABDUL HAMID
NRIC No	SXXXX413H
Date Of Birth	08/04/1967
Occupation	Outdoor



Date Of Driving Pass  
Driving experience  
Gender  
Mobile Number  
Alt. Phone Number  
Email Address  
Address  
Address complement  
Postcode  
Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

31/12/1994  
27 YEARS AND 8 MONTHS  
Male  
(Phone) +65-96604184  
-  
fleetsafety@cdgtaxi.com.sg  
298B COMPASSVALE STREET #02-152  
-  
542298  
No  
Hirer  
No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Side Swipe  
Clear  
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) 2  
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 -

#### PASSENGER 1

Name UNKNOWN  
Gender Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes  
Police Station Name Jurong West Neighbourhood Police Centre  
Police Station Phone No (Phone) +65-18002689999  
Alt. Police Station Phone No (Fax) +65-62672438  
Police Station Address 700 Corporation Road Singapore 649818  
Was notice of intended Prosecution given? No  
If yes, against whom? -

#### CIRCUMSTANCES OF ACCIDENT

ON 24/08/2022 AT AROUND 0000HRS, I WAS DRIVING VEHICLE A (SHA8416G) ALONG EU TONG SEN STREET. I WAS IN MY LANE TURNING RIGHT INTO UPPER CROSS STREET WHEN SUDDENLY VEHICLE B (SMJ377G) WHICH WAS ON THE LANE TO MY RIGHT, SIDE SWIPE VEHICLE A. VEHICLE B LEFT THE SCENE THEREFORE, NO PARTICULARS EXCHANGED. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

#### 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	SMJ377G
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	VEHICLE B
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SKETCH PLANIMPORTANT 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

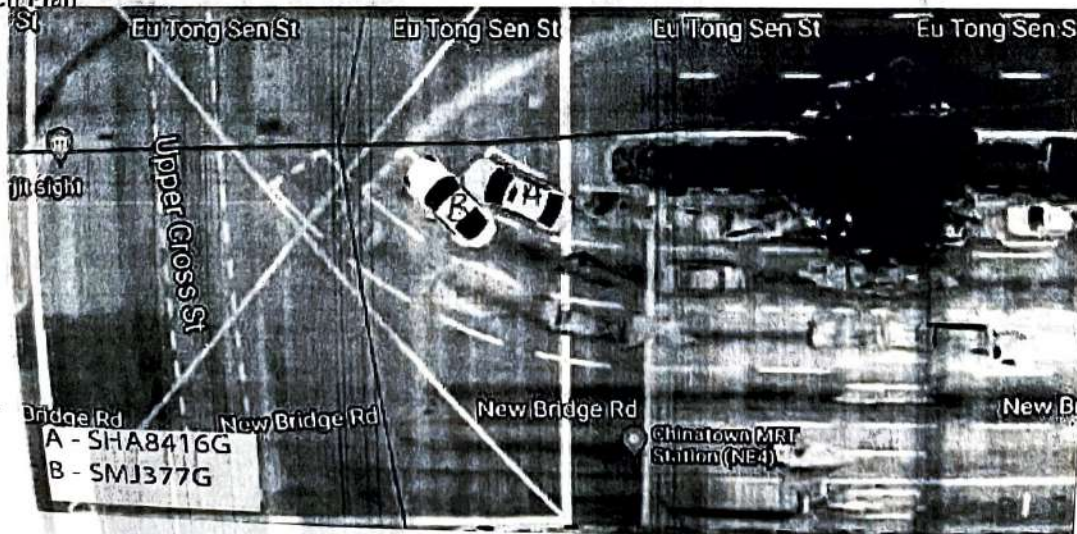
Policyholder's Signature / Date & Time

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

24/08/2022 0120HRS

Witnessed by Reporting Centre Personnel FRO Sufiyan

Sketch Plan



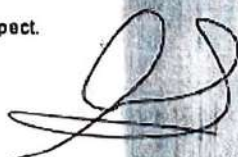


**Describe Circumstances of the Accident**

ON 24/08/2022 AT AROUND 0000HRS, I WAS DRIVING VEHICLE A (SHA8416G) ALONG EU TONG SEN STREET. I WAS IN MY LANE TURNING RIGHT INTO UPPER CROSS STREET WHEN SUDDENLY VEHICLE B (SMJ377G) WHICH WAS ON THE LANE TO MY RIGHT, SIDE SWIPE VEHICLE A. VEHICLE B LEFT THE SCENE THEREFORE, NO PARTICULARS EXCHANGED. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

**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  
24/08/2022 0120HRS

Witnessed by Reporting Centre Personnel FRO Sufiyan



## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 839G

### Vehicle Details

Vehicle No.: SHA8416G

Vehicle to be Exported: No

Intended Deregistration Date: 28 Aug 2022

Vehicle Make: HYUNDAI

Vehicle Model: AE IONIQ HEV 1.6 DCT

Primary Colour: Yellow

Manufacturing Year: 2019

Engine No.: G4LEKU296332

Chassis No.: KMHC851CVKU164576

Maximum Power Output: 103.6 kW (138 bhp)

Open Market Value: \$25,367.00

Original Registration Date: 02 Jul 2019

First Registration Date: 02 Jul 2019

Transfer Count: 0

Actual ARF Paid: \$12,514.00

### Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 01 Jul 2027

PARF Rebate Amount: \$9,385.00

### Intended COE Rebate Details

COE Expiry Date: 01 Jul 2027

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

COE Period(Years): 8

PQP Paid: \$24,410.00

COE Rebate Amount: \$14,772.00

Total Rebate Amount: \$24,157.00

### 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 Aug 2022