ASS. REC. BY:	110094011K
Kenneth	SSIGNMENT
From: Date:	Veh No: 5/40 39740 Yr Regn: 04, 19
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry Xax / Prime Mover /
OD (IP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Hyunda: Lonic c.c 1580
at Workshop m/s Bi from	Colour L.Blue A/C: Insured / Std / NI / NA
of	Sp.Reading 424066 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: KM17C851CVKU141775
Claims No.	Gen. Cond; Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ino Ger / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NIII / CIDI / CTD
	Tyre Size: F: $\frac{ P5 R }{ P5 R }$
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Wastlake
Bal. or Market Value:	T
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5
GIA / PR Seen: Consistent?: Yes or No	I/Rail 5
Est Repairs: Of days Res.: Yes or No	Thur.
Lum Sum: 20 % 3 Val.: Yes or No	
	302
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
	the state of the s
Oate/Time, File Pass to? : Prell. Report	Pays Of Repair:
Duta/Time, File Return to?	esurvey No. of Trip: Survey Fee:
	Transportativi.
Add Fee:	: Site Insp (\$)\$ - RSSI
, i	Intension (\$
Report Format :	7 7 7
Lump Sum / I.B.I: (S	Tech Invs (\$), Others
1 many outil 7 l.b.l. (0	Weekend (\$
	The state of the s

BIFROST AUTO PTE LTD

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Penny After Pains

Adays

DED		ESTIMATE
KEP	AIR	FCTIMIATE

LKK Auto Consultants hence notify DATE: 28-Sep-22 the Repairer of the following URANCE: To resurvey before/after spray painting • To display damaged part(s) during resurvey MODEL: HYUNDAI IONIC • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis VEHICLE NO .: No illegal modification(s) is allowed SHD 3974 D

31D 3974 D	 Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company 			1		
Description	Acknowledged by R			Δ	mount	
Bonnet	Signature:	1	\$ 2,253.80		2,253.80	2, —
Bonnet Hinge (LH/RH)	Date:	2	\$ 118.70	\$		ZX
Bonnet Moulding	Sm	1	\$ 41.40	\$		< .
Bonnet Lock	n	1	\$ 127.30	\$		×
Bonnet Insulator	Sen	1	\$ 230.10	\$		×
Bonnet Insulator Clips	N	1	\$ 15.00	\$		<
Radiator Grille	4	1	\$ 1,409.10	\$	1,409.10	
Flap Assy Active Air Upper, (RH)	Sen	1	\$ 824.60	\$		×
Front Number Plate garnish	Sm	1	\$ 188.00	\$		×
Front Bumper Cover	em	1	\$ 481.10	\$	481.10	-
Front Bumper top cover	Su sofor	24-1	\$ 476.30	\$	476.30	4
Front Bumper Sponge		1	\$ 186.90	\$	186.90	7
Front Bumper Reinforcement	N	1	\$ 1,136.70	\$	1,136.70	X
Front Bumper Reinforcement ABSORBER (R	H) •	1	\$ 186.50	\$	186.50	7
Front Bumper Moulding Centre Upper	mens	1	\$ 368.50	\$	368.50	
Front Bumper Moulding	Ne	1	\$ 93.60	\$	93.60	_
Front Bumper Lower Stiffner	N	1	\$ 285.10	\$	285.10	
Front bumper lower grille	m	1	\$ 365.30	\$	365.30	X
front bumper lower grille moulding	Sn	1	\$ 127.60	\$	127.60	y
Front Bumper Lip	Sin	1	\$ 35.10	\$		X
Front Bumper Bracket Top (RH)	011	1	\$ 35.00	\$	35.10	X
Front Bumper Bracket (RH)	3.7	1		_	35.00	
Front Bumper Retainer Mounting (RH)	0,7	1		\$	28.00	7
Front Bumper Clips 10 pcs	Ne	1		\$	65.30	?)))
Front Bumper Grille (RH)	an	1		\$	25.00	
Front bumper air duct (RH)		-		\$	186.90	
Day Light , RH		1	\$ 153.80	\$	153.80	7
Headlamp Support Panel Assy	M M	1	\$ 642.50	\$	642.50	
Headlamp(RH)	micm	1	\$ 1,139.30	\$	1,139.30] 2
Horn Unit (RH)	cm	1	\$ 3,987.30	\$	3,987.30	
Radiator Inverter	In	1	\$ 72.80	\$	72.80	1 x
Radiator	Sn	1	\$ 884.80	\$	884.80	1×
Radiator fan blower motor assy	In	1	\$ 710.50	\$	710.50	
Radiator Air Guard (RH)	<i>In</i>	1	\$ 1,459.60	\$	1,459.60	4′\
	Sh	1	\$ 76.40	\$	76.40	-
Radiator Air Guard, Upr (RH)	In	1	\$ 127.50	\$	127.50	⊣ ′′
Front Fender(RH)	Bu	1	\$ 490.70	\$	490.70	_ ``
Front Fender Apron Panel side support (RH)		1	\$ 238.80	\$		_
Front Fender Apron Panel (RH)	R	1		-	238.80	
Front Fender Apron Panel Upper(RH)	n	1		\$	756.20	_
Front Fender Shield (RH)		+		\$	329.00	-
Aircon Condenser	Dis	+	\$ 164.70	\$	164.70	-
Wiper Container ASSY	Jn 1	_	\$ 663.60	\$	663.60	_
Tripe. Somanio 11001	Del	1	\$ 385.40	\$	385.40	

STIMATE TOTAL			\pm			\$29,771.	48
OTAL LABOUR			#			\$4,520.	00
Diagnostic & Resetting To Erase Fault Code		1	+	\$550 .	UU	\$550.0	۳′
Remove/Refix Steering Rack/Wheel/Dr Shaft	NA	+	+	\$150.			
Remove/Refix Aircon & Refill Gas		1	+	\$130.	$\overline{}$		_
Remove/Refix Radiator		1	4	\$90.	\rightarrow	\$90.0	
Remove/Refix Undercarriage (Frt)	n	1	4-	\$400.0	\rightarrow	\$400.0	_
Four Wheel Alignment	NN	1	+	\$120.0	\rightarrow	\$120.0	
Towing Charge	10,000	1	4	\$80.0	\rightarrow	\$80.00	_
Tuff Kote		1	\perp	\$100.0	-	\$100.00	
Wiring Charge		1	1	\$100.0	_	\$100.00	
Spray Painting Charge		1		\$1,200.0	_	\$1,200.00	6
Panel Beating		1	\perp	\$1,600.0	_	\$1,600.00	-
Labour Charge			I		I		
SUB	TOTAL		-		1	342.60	
					+		
	SN	1	\$		_		X
Emblem-Blue Drive (RH)		1	\$		-		_
0001 411	SN	1	\$		-		7
	SN	1	\$ \$	25.00 30.00	\$ \$		λ
Front Number Plate	CN	,	-	05.00	6	25.00	X
DISCOUNTED	TOTAL				\$	24,908.88	
	S 20%					6,227.22	
SUB	TOTAL					31,136.10	
Knuckle Arm (RH)	الم	1	\$	663.60	\$	663.60 X	
Front Suspension Lower Arm (RH)	In	1	\$	596.80	\$	596.80 X	;
Stabilizer Bar Link	Sn Sn	1	\$	92.10	\$	92.10 X	
Stabilizer Bar	1on	1	\$	94.70 326.80	\$	94.70 X 326.80 X	
STG Tie End	Sh	1	\$	125.60	\$	125.60 X 94.70 X	
STG TIE Rod	Sen	1	\$	2,387.40	\$	2,387.40 X	
	n	1	\$		\$	1,125.80 🗶	
Front drive shaft extension RH	San	1	\$		\$ \$	372.50 ⊀ 1,136.70 ⊀	
Front Shock Absorber (Assy)(RH) Front Drive Shaft (RH)	In	1	\$	0.12.	\$	372.50 ★ 372.50 ★	
I TOTAL STOCK AT	In	1	\$	0,0.0	\$	346.40 X	
Front Wheel Hub Cap	Sn	1	\$		\$ <u>^</u> \$	678.50 X	
I I I I I I I I I I I I I I I I I I I	0					1,124.20	
Front Wheel Rim (RH)							

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@bifrostauto.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars				
Owner ID Type:	Company			
Owner ID: Vehicle Details	821R			
Vehicle No.:	SHD3974D			
Vehicle to be Exported:	Yes			
Intended Deregistration Date:	30 Sep 2022			
Vehicle Make:	HYUNDAI			
Vehicle Model:	AE IONIQ HEV 1.6 DCT			
Primary Colour:	Blue			
Manufacturing Year:	2019			
Engine No.:	G4LEJU192721			
Chassis No.:	KMHC851CVKU141775			
Maximum Power Output:	103.6 kW (138 bhp)			
Open Market Value:	\$24,845.00			
Original Registration Date:	02 Apr 2019			
First Registration Date:	02 Apr 2019			
Transfer Count:	0			
Actual ARF Paid: ntended PARF Rebate Details	\$11,783.00			
ARF Eligibility:	Yes			
ARF Eligibility Expiry Date:	01 Apr 2027			
ARF Rebate Amount:	\$8,837.00			
tended COE Rebate Details				
OE Expiry Date:	01 Apr 2027			
DE Category:	A - Car up to 1600cc & 97kW (130bhp)			
DE Period(Years):	8			
P Paid:	\$20,940.00			
DE Rebate Amount:	\$11,786.00			
tal Rebate Amount:	\$20,623.00			
essage				

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or whe vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 22 Sep 2022

OK



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

Information provided must be as truthful and accurate as possible. Any willful misrepresentation of Miscolary policy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

22/09/2022 15:34 (SGT) Driver 22/09/2022 05:30 (SGT) Upper Changi Rd, Singapore TOWARDS BEDOK NORTH AVENUE 1 JUNCTION Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD3974D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes COMFORT TRANSPORTATION PTE LTD 1XXXXX821R fleetsafety@cdgtaxi.com.sg (Phone) +65-91880433 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Hyundai Ae ioniq

Private hire

No - Claiming third party Taxi

Auto 1580

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

AXA Insurance Pte Ltd VFX/P2419138

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LIM GIM HUAT SXXXX653H 27/09/1959 Outdoor



SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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
- 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)

l understand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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 yers/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:
- (i) investigating the accident and/or my claims;
- (ii) 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 law yers/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 & Time 22 - 87 29 72	e policyholder) / Date	Witnessed by Reporting Centre Personnel Kymin 9
A-SHD 39.74.D B-PC 15505	BEDIK Ros	Soury 2	
	B		New upper chance road
	BEDOK	JORTH AVE	