

ASS. REC. BY: Sm REF: _____

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: Comfort
 of _____
 Insured: Home - Income
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: Sh9009A Yr Regn: 06 Aug 2019
 Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Primo Mover /
 Truck / Trailer or _____
 Make: Hyundai Ioniq c.c. 1580
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 333748 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 1cmh 851 CUKV165099
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / Rim; or
 Tyre Size: F: 195 / 65 R15
 R: 195 / 65 R15

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X	X

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Secn: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front R/Bal. 6 mm Rear R/Bal. 5 mm
 L/Bal. 6 mm U/Bal. 5 mm
 D.O.A. 1/12/22 D.O.I. 2/12/22 420pm
 Survey held at Comfort
 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	Action / Instruction
	<u>4 L/S</u>
	<u>\$38501-</u>

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: _____ \$ + RS, _____ SI
 Photos _____
 Others _____
 TOTAL _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 821R

Vehicle Details

Vehicle No.: SH9009A
Vehicle to be Exported: Yes
Intended Deregistration Date: 15 Dec 2022
Vehicle Make: HYUNDAI
Vehicle Model: AE IONIQ HEV 1.6 DCT
Primary Colour: Blue
Manufacturing Year: 2019
Engine No.: G4LEKU299282
Chassis No.: KMHC851CVKU165099
Maximum Power Output: 103.6 kW (138 bhp)
Open Market Value: \$25,018.00
Original Registration Date: 06 Aug 2019
First Registration Date: 06 Aug 2019
Transfer Count: 0
Actual ARF Paid: \$12,026.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 05 Aug 2027
PARF Rebate Amount: \$9,019.00

Intended COE Rebate Details

COE Expiry Date: 05 Aug 2027
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 8
PQP Paid: \$23,463.00
COE Rebate Amount: \$13,607.00
Total Rebate Amount: \$22,626.00

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 08 Dec 2022

OK

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156
7 Sunggi Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Member of COMFORTDELGRO

Date/Time: 02.12.2022 11:13

Page : 1

Job Name: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5368992

JC NO: 305538424

CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO: SH 9009A	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 02.12.2022 09:15
	YR OF MANU 06.08.2019	TARGET DATE
	CHASSIS CODE KMHC851CVKU165099	COMPLETION DATE/TIME:

Accident Date: 01.12.2022
 Acc Time: 3P.01.12.22

JOB DESCRIPTION

NO	LABOR CODE	DESCRIPTION

WORKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip Vehicle No.: SH 9009A JU INCOME	Exit Pass Vehicle No.: SH 9009A
_____ Service Advisor Signature/Date	_____ Name of Service Advisor Date
Returned to Service Reception upon collection	To be kept by Security Guard