

Ats. P.C. BY:

REF:

CS/MSG 23001857/Dry<sup>3</sup>

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.



Bel. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 P/R % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHC3828Z

COE Feb 2028  
Yr Regn: Feb 2020

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

Truck / Trailer or

Make: Hyundai Ionix c.c. 1580

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 254488 T/Radio: Insured / Std / NI / NA

Eng/No: G4LEKU406597

C/No: KMHC851CVL\*U189380

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 A/Rim or

Tyre Size: F: 195/65 R15  
R: 11

BS / DUN / EXNOVA / GY / FS / IZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Westlake

Front

R/Bal: S mm

L/Bal: S mm

D.O.A. 18/02/2023

Survey held at By Post Lin Ming

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
	MSG SKN 58582
	No used part.
07/06/25	To seek mandate.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)



Prel. Report



Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Inve (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Report Format: \_\_\_\_\_

1 serial, 2 serial, 3 serial, 4 serial

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

### Vehicle Details

Vehicle No.:

SHC3828Z

Vehicle to be Exported:

No

Intended Deregistration Date:

28 Feb 2023

Vehicle Make:

HYUNDAI

Vehicle Model:

AE IONIQ HEV FL 1.6 DCT

Primary Colour:

Blue

Manufacturing Year:

2019

Engine No.:

G4LEKU406597

Chassis No.:

KMHC851CVLU189380

Maximum Power Output:

103.6 kW (138 bhp)

Open Market Value:

\$25,846.00

Original Registration Date:

27 Feb 2020

First Registration Date:

27 Feb 2020

Transfer Count:

0

Actual ARF Paid:

\$13,185.00

### Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

26 Feb 2028

PARF Rebate Amount:

\$9,888.00

### Intended COE Rebate Details

COE Expiry Date:

26 Feb 2028

COE Category:

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

COE Period(Years):

8

PQP Paid:

\$26,431.00

COE Rebate Amount:

\$16,490.00

**Total Rebate Amount:**

**\$26,378.00**

### 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 20 Feb 2023

OK



## 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	20/02/2023 18:35 (SGT)
Reported by	Driver
Date of Accident	18/02/2023 15:00 (SGT)
Exact Location of Accident	Wak Hassan PI, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3828Z
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#### 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) +65-90817777
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419138

#### DRIVER

Name of Driver	CHIA HOCK SOON
NRIC No	SXXXX035D
Date Of Birth	17/03/1961
Occupation	Outdoor

Date Of Driving Pass	01/09/1981
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90817777
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 650 ANG MO KIO STREET 61 # 15-03
Address complement	-
Postcode	560650
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 on collision
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)	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	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT  
T /20230220/ 7028

#### 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 NOT SUITABLE

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN5858E
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BRENDAN LIM YAO
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2



## SKETCH PLAN

## IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and/or the Authorized 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 be 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 be 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  
KYMI YONG



Policyholder's Signature /  
Date & Time

Driver's Signature (If driver is not the policyholder) /  
Date & Time 20.02.2023. 1000HRS

Witnessed by Reporting Centre  
Personnel

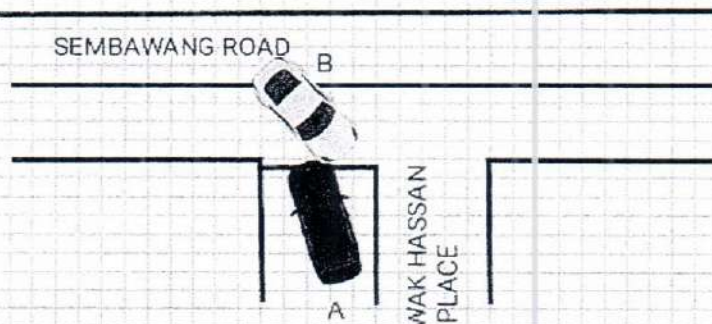
Sketch Plan

\* PLEASE REMEMBER (A AND B)

A - SHC3828Z

B - SKN5858E

SEMBAWANG ROAD



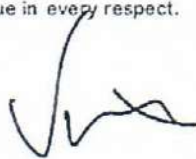
WAK HASSAN  
PLACE

**Describe Circumstances of the Accident**

REFER TO POLICE REPORT  
T /20230220/ 7028

**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 20.02.2023. 1015HRS

**FLASH ACCIDENT  
REPORTING OFFICER**  
KYMI YONG



Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20230220/7028

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20230220/7028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/02/2023 11:49		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHIA HOCK SOON		Address: 650 ANG MO KIO STREET 61 #15-03 SINGAPORE 560650			
ID Type / ID No.: NRIC NO / S1510035D		Contact No.: Home/Office:		Mobile: 90817777	
Nationality: SINGAPORE CITIZEN		Email: VINCENTCHIAHS@GMAIL.COM			
Sex: Male	Age: 61	Date of Birth: 17/03/1961	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information: Class:		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/02/2023 15:00	Type of Location: Straight Road
Location:  WAK HASSAN PLACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC3828Z	Car					1
SKN5858E	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20230220/7028

2 of 3

Report No. T/20230220/7028

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Driver			
Name	CHIA HOCK SOON	ID No.	S1510035D
Related Vehicle	SHC3828Z (Car)	Contact No.	90817777
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 18/02/2023 AT ABOUT 1500HRS AT ALONG WAK HASSAN PLACE TOWARDS SEMBAWANG ROAD. I WAS STOPPING AT THE STOP LINE WHILE WAITING FOR THE CLEARANCE OF THE MAIN TRAFFIC. SUDDENLY VEHICLE (B) COMING FROM THE OPPOSITE DIRECTION ENCROACHED INTO MY LANE WITHOUT CAUTION AND COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER INSIDE MY VEHICLE. AFTER THE ACCIDENT, I FELT UNWELL AND WENT TO CONSULT A DOCTOR AND WAS AWARDED 5 DAYS OF MC FOR MY INJURY.

VEHICLE A: SHC3828Z  
VEHICLE B: SKN5858E



**SINGAPORE  
POLICE FORCE**



T/20230220/7028

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20230220/7028

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMMED FEROUZ BIN HUSSEIN  
Contact No.: 65476206

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
20/02/2023 11:49

Classification Of Case:



## REPAIR ESTIMATE

INSURANCE: MSLG

VEHICLE NO.: SHC 3828Z

Description	Qty	List Price	Amount
Bonnet <i>veg</i>	1	\$ 2,253.80	\$ 2,253.80
Bonnet Hinge (RH) <i>HH</i>	1	\$ 118.70	\$ 118.70
Bonnet Lock <i>HH</i>	1	\$ 127.30	\$ 127.30
Radiator Grille NEW MODEL <i>cut</i>	1	\$ 1,568.60	\$ 1,568.60
Front Number Plate garnish <i>cut</i>	1	\$ 188.00	\$ 188.00
Front Bumper Cover <i>town</i>	1	\$ 481.10	\$ 481.10
Front bumper top cover <i>HH</i>	1	\$ 476.30	\$ 476.30
Front Bumper Sponge <i>town</i>	1	\$ 186.90	\$ 186.90
Front Bumper Reinforcement <i>bt</i>	1	\$ 1,136.70	\$ 1,136.70
Front Bumper Reinforcement ABSORBER (RH) <i>bt</i>	1	\$ 186.50	\$ 186.50
Front Bumper Towing Cover <i>svz</i>	1	\$ 29.00	\$ 29.00
Front Bumper Moulding Centre Upper <i>cut</i>	1	\$ 368.50	\$ 368.50
Front Bumper Moulding <i>HH</i>	1	\$ 93.60	\$ 93.60
Front Bumper Lower Stiffner <i>HH</i>	1	\$ 285.10	\$ 285.10
Front bumper lower grille <i>broken</i>	1	\$ 365.30	\$ 365.30
front bumper lower grille moulding <i>cut</i>	1	\$ 127.60	\$ 127.60
Front Bumper Lip <i>HH</i>	1	\$ 35.10	\$ 35.10
Front Bumper Bracket Top (RH) <i>broken</i>	1	\$ 35.00	\$ 35.00
Front Bumper Bracket (RH) <i>svz</i>	1	\$ 28.00	\$ 28.00
Front Bumper Retainer Mounting (RH) <i>HH</i>	1	\$ 65.30	\$ 65.30
Front Bumper Clips 10 pcs <i>Hec</i>	1	\$ 25.00	\$ 25.00
Front Bumper Grille (RH) <i>cut</i>	1	\$ 186.90	\$ 186.90
Front bumper air duct (RH) <i>broken</i>	1	\$ 153.80	\$ 153.80
Day Light , RH <i>mainly broken</i>	1	\$ 642.50	\$ 642.50
Day Light Wire, <i>HH</i>	1	\$ 585.50	\$ 585.50
Headlamp Support Panel Assy <i>mainly broken</i>	1	\$ 1,139.30	\$ 1,139.30
Headlamp(RH) <i>broken</i>	1	\$ 3,987.30	\$ 3,987.30
Radiator Inverter <i>bt</i>	1	\$ 884.80	\$ 884.80
Radiator <i>bt</i>	1	\$ 710.50	\$ 710.50
Radiator Air Guard (RH) <i>HH</i>	1	\$ 76.40	\$ 76.40
Radiator Air Guard, Upr (RH) <i>HH</i>	1	\$ 127.50	\$ 127.50
Front Fender(RH) <i>veg</i>	1	\$ 490.70	\$ 490.70
Front Fender Shield (RH) <i>HH</i>	1	\$ 164.70	\$ 164.70
Aircon Condenser <i>bt</i>	1	\$ 663.60	\$ 663.60
Wiper Container ASSY <i>mainly damaged</i>	1	\$ 385.40	\$ 385.40
<b>SUB TOTAL</b>			<b>\$ 18,380.30</b>
<b>LESS 20%</b>			<b>\$ 3,676.06</b>
<b>DISCOUNTED TOTAL</b>			<b>\$ 14,704.24</b>
Front Number Plate <i>copy</i>	SN	1	\$ 25.00
Front No Plate Trim Cover <i>bt</i>	SN	1	\$ 30.00

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COOLANT HH	SN	1	\$ 45.00	\$ 45.00
Front Fender Advertisement Logo (RH) HEC	SN	1	\$ 100.00	\$ 100.00
Emblem-Blue Drive (RH) HEC	SN	1	\$ 26.60	\$ 26.60
SUB TOTAL				\$ 226.60
<b>Labour Charge</b>				
Panel Beating		1	\$1,600.00	\$1,600.00
Spray Painting Charge		1	\$1,200.00	\$1,200.00
Wiring Charge		1	\$100.00	\$100.00
Tuff Kote		1	\$100.00	\$100.00
Towing Charge		1	\$80.00	\$80.00
Remove/Refix Radiator		1	\$90.00	\$90.00
Remove/Refix Aircon & Refill Gas		1	\$130.00	\$130.00
Diagnostic & Resetting To Erase Fault Code		1	\$550.00	\$550.00
TOTAL LABOUR				\$3,850.00
ESTIMATE TOTAL				\$ 18,780.84
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				

X  
✓  
✓ List  
145.00  
700/-  
600/-  
30/-  
20/-  
44  
50/-  
80/-  
44  
1480.00

21/02/2023 @ 1200hrs

HRA Auto

2/5/2023

Ryan

5 days.

2 Kik Auto

Check 3rd prices.

8

10,883.32

4/5 8,700/-

**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: