

22/03/2002

ASS. REC. BY:

REF: CS/ICS18005486/D/d3n2

Special Instruction:

Surveyor
Menmen

Bryen

ASSIGNMENT (Office)

From (Person): Lionel chua

of ECICS

Date/Time: 23/3/18 @ 10:28am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 87112

Insured:

SG2 5305 T

at Workshop m/s

Premier Automotive

Tel:

6544 6689

of

23 changi South Ave 2# 01-02

Policy No:

Claim No:

DMP41800034H

Sum Insured:

Excess:

Make of Veh:

D.O.A.

16/03/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS lwp

H.O.D. Endorsement:

Date/Time:

10:45am @ 23/3/18

Person Contacted:

Vincent

Vehicle

☒ IN ☐ OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 87112-X
	SG2 5305 T-X

REF:

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: 3 days Res.: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Wh No

SHB 87112

Yr Regn

2013 NOV

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

Truck / Trailer or

Make:

Kia Optima

CC 1685

Colour:

Silver

A/C. Insured / Std / NI / NA

Sp Reading

341971

T/Radio: Insured / Std / NI / NA

Eng/No:

D4FDDH308771

C/No:

KNAGM414ME 5452065

Gen. Cond. ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ M / S/Rim / STD A/Rim or

Tyre Size:

F:

205/65 R 16

R:

- 11 -

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

MAXIS

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A:

16/03/2018

D.O.I:

23/03/2018

Survey held at

Premier Taxi Changi Centre

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

O/S Rear

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

Date / Time Action / Instruction

10/04/18 found PIP 1025.80 with 3 days j r (Red: 2427.30 70%) (Red: 2427.30 70%)

RECEIVED 12 APR 2018

Date/Time File Pass to?



Preli. Report

Days Of Repair: 3

11/4 Typist



Final Report

Resurvey No. of Trip:

Date/Time File Return to?

Survey Fee:

Transportation

Add Fee:



Site Insp (\$)



Interview (\$)



Techn. Mts (\$)



Weekend (\$)

Report Format:

TP

Lump Sum /

0

1025.80

1 - 2 - 3 - 4

1 - 2 - 3 - 4

1 - 2 - 3 - 4

1 - 2 - 3 - 4

TOTAL

250
10

260



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
ECICS LTD		Ref : CS/ICS18005480/Dtd3		
7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE SINGAPORE 038987		Date : 23-03-2018		
		Code : ICS		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGZ 5305T	Veh. Inspected	SHB 8711Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	DMPU1800034H	Excess (\$)	0.00	
Assign From	LIONEL CHUA	Assign Date	23/03/2018	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	16/03/2018	Inspection Date	23/03/2018	
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

Nivitha (LKK Auto)

From: ECICS Claims <claims@ecics.com.sg>
Sent: Friday, 23 March 2018 10:28 AM
To: vincent.chua@premiertaxi.com; assignments@lkkauto.com; admin-d@lkkauto.com
Cc: ECICS Claims; weedek.goh@premiertaxi.com; gary.shi@premiertaxi.com; SUR
Subject: RE: Pre-inspection/Accident involving between SHB8711Z & SGZ5305T on 16.03.18
Attachments: 23032018090122-0001.pdf

Without Prejudice

Our claim no. DMPU1800034H

Thank you for your email.

We will assign LKK for the Survey and furnish us a copy of repair quotation/estimate to show the detail of each item parts to evaluate transparency on the pre-repair survey of this claim.

Aside to LKK

Please assist to arrange for TP Survey on vehicle bearing registration number SHB 8711Z on a without prejudice basis and attached a copy of the relevant supporting documents for your perusal.

Thank you.

Regards,
Lionel Chua
DID: +65 6303 0167
FAX: +65 6338 9267
ECICS LIMITED
Email: claims@ecics.com.sg

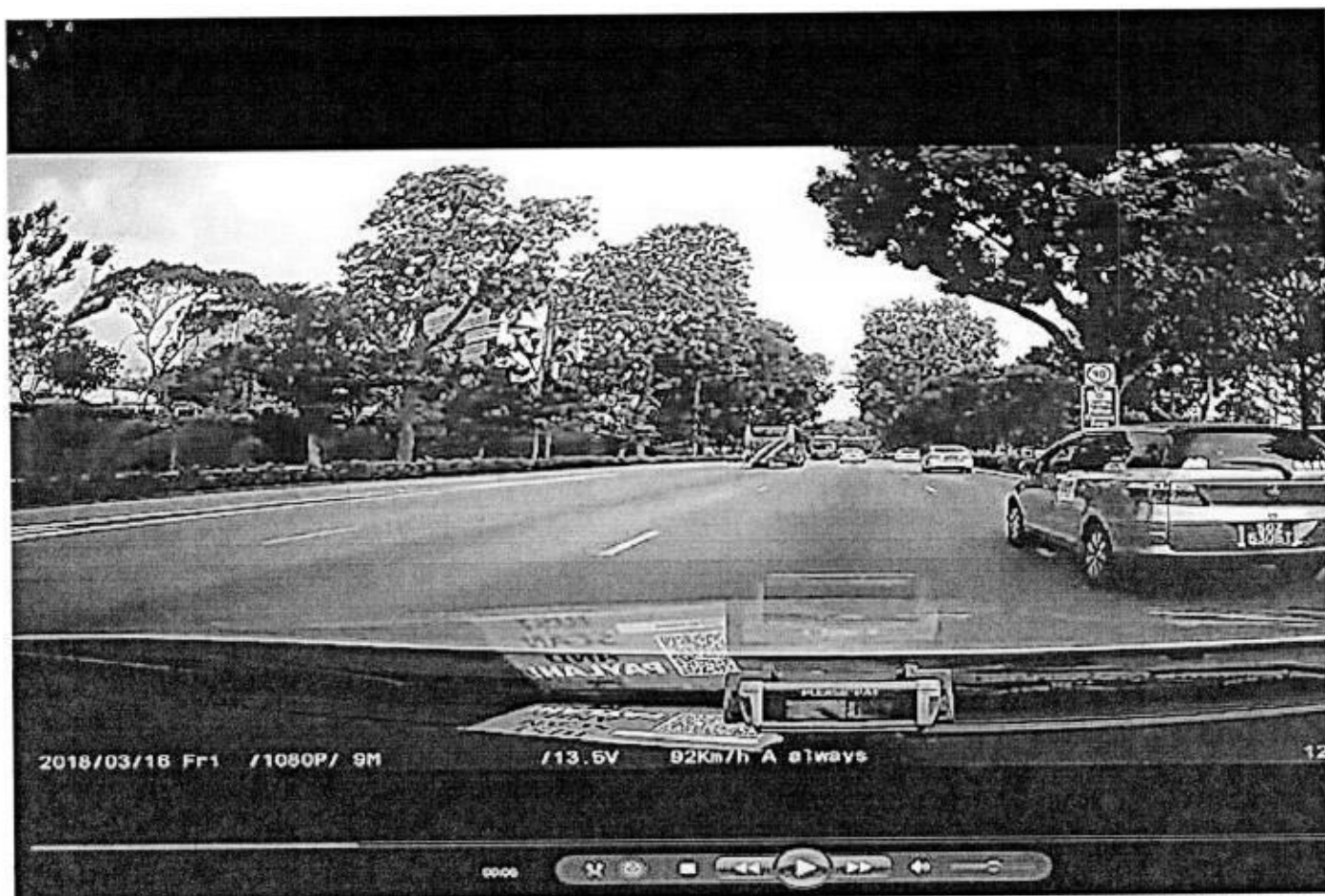
follow us on  facebook  follow us on twitter  visit our website ecics.com.sg 

From: Vincent Chua [mailto:vincent.chua@premiertaxi.com]
Sent: Friday, 23 March, 2018 9:54 AM
To: ECICS Claims
Cc: Goh Wee Dek; Gary Shi
Subject: RE: Pre-inspection/Accident involving between SHB8711Z & SGZ5305T on 16.03.18

Dear Lionel,

Attached screenshot of my driver (SHB8711Z) accident footage showing your insured's vehicle no. (SGZ5305T). It can be observed that your insured already had the intention to filter to the left.

Please kindly arrange for survey soonest.



Thank you for your time.

Regards

Vincent Chua
Operations Assistant
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443
Tel: 6214 8880 Ext 066 | DID: 6544 6689 | Fax: 6214 1511
Visit us at: www.premiertaxi.com.sg

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From: ECICS Claims [<mailto:claims@ecics.com.sg>]
Sent: Friday, 23 March, 2018 9:42 AM
To: Vincent Chua <vincent.chua@premiertaxi.com>
Cc: ECICS Claims <claims@ecics.com.sg>; motorsurvey <motorsurvey@ecics.com.sg>; Goh Wee Dek <weedek.goh@premiertaxi.com>; Gary Shi <gary.shi@premiertaxi.com>
Subject: RE: Pre-inspection/Accident involving between SHB8711Z & SGZ5305T on 16.03.18

Without Prejudice

Dear Vincent,

Thank you for your email.

Please noted that our Insured has not reported the accident as to-date, we will sent out the non-reporting letter.
Please let us have the concrete evidence/photographs of the accident scene to show for our perusal and action before we could revert to you in due course.

Thank you.

Regards,
Lionel Chua
DID: +65 6303 0167
FAX: +65 6338 9267
ECICS LIMITED
Email: claims@ecics.com.sg

follow us on  facebook follow us on  twitter visit our website ecics.com.sg 

From: Vincent Chua [<mailto:vincent.chua@premiertaxi.com>]
Sent: Friday, 23 March, 2018 9:11 AM
To: ECICS Claims
Cc: Goh Wee Dek; Gary Shi
Subject: Pre-inspection/Accident involving between SHB8711Z & SGZ5305T on 16.03.18

Dear all,

We refer to the vehicles mentioned above.

Please kindly arrange for survey.

Vehicle available for survey

Thank you.

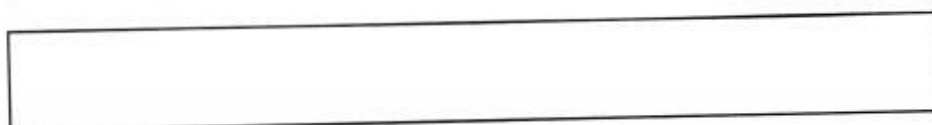
Regards

Vincent Chua
Operations Assistant
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443
Tel: 6214 8880 Ext 066 | DID: 6544 6689 | Fax: 6214 1511
Visit us at: www.premiertaxi.com.sg

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you should destroy this message and kindly notify the sender by reply email. Opinions contained herein are the personal opinions of the sender and do not necessarily represent the views of ECICS Limited.

PREMIER TAXIS PTE LTD

23 CHANGI SOUTH AVE 2 #03-02
SINGAPORE 486443
TEL: 65446676 / 65446689 FAX: 62141511

Our Ref: SHB8711Z

WITHOUT PREJUDICE

Date: 23rd March 2018

Attn: The Motor Claims Department
ECICS Limited
7 Temasek Boulevard
#10-01
Suntec Tower One
Singapore 038987

(BY EMAIL ONLY)

**ACCIDENT INVOLVING SHB8711Z & SGZ5305T ALONG AYE – TOWARDS
TUAS (NEAR AYER RAJAH) ON 16.03.18**

We are the registered owner of vehicle number of **SHB8711Z** which was involved on the above mentioned accident between **SGZ5305T**.

Investigation reveals that the motor vehicle number **SGZ5305T** was insured with you at the material time of the said accident.

As a result of the accident was caused solely and completely by the negligence of your insured vehicle number **SGZ5305T**. Therefore, we are holding you liable for the repair costs and other consequential loss which was sustained by us.

Kindly arrange your representative to survey our vehicle at **23 CHANGI SOUTH AVE 2 #01-02 (S)486443** within two (2) days from the date hereof as to avoid further LOR/I incur. We enclosed hereby the GIA report of **SHB8711Z** for your kind attention.

Failing which, we have no alternative but to proceed with the necessary repairs and the bill will be forward to you for reimbursement.

Yours Faithfully,



PREMIER TAXIS PTE LTD

Enquire Transaction History**Transaction History Details**

Log Date/Time:	25 Nov 2013 / 10:12:45	Receipt No.:	AACCK001-AX239-131125-000009
Asset Type:	Vehicle	Transaction Amount:	\$75,658.00
Asset ID:	SHB8711Z	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20131125101245184366		

Vehicle No.:	SHB8711Z
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)
First Registration Date:	25 Nov 2013
Original Registration Date:	25 Nov 2013
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5452065
Engine No.:	D4FDDH308771
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2013
Open Market Value:	\$19,721.00
Minimum PARF Benefit:	\$7,332.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	25 Nov 2013 10:12:45
COE No.:	2013112501000903H
COE Expiry Date:	24 Nov 2021
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$63,297.00
Lifespan Expiry Date:	24 Nov 2021
Owner ID Type:	Company

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 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 ability.
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 Report	16/03/2018 14:16
Date Of Accident	16/03/2018 08:40
Exact Location Of Accident	AYE - TOWARDS TUAS (NEAR AYER RAJAH)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8711Z
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	ER CHIN SOON
NRIC No	S0031166I
Date Of Birth	22/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	07/08/1981
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96616356
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 172 BEDOK SOUTH ROAD, #10-419
Postcode	460172
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED STATEMENT . . . 1/ ADDENDUM (22/03/2018) : TO AMEND VEHICLE B AS SGZ5305T

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Details of Witness 1

Name	MR KELVIN CHUA
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ5305T
Vehicle Make/Model/Colour	UNKNOWN PTE CAR (GREY)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

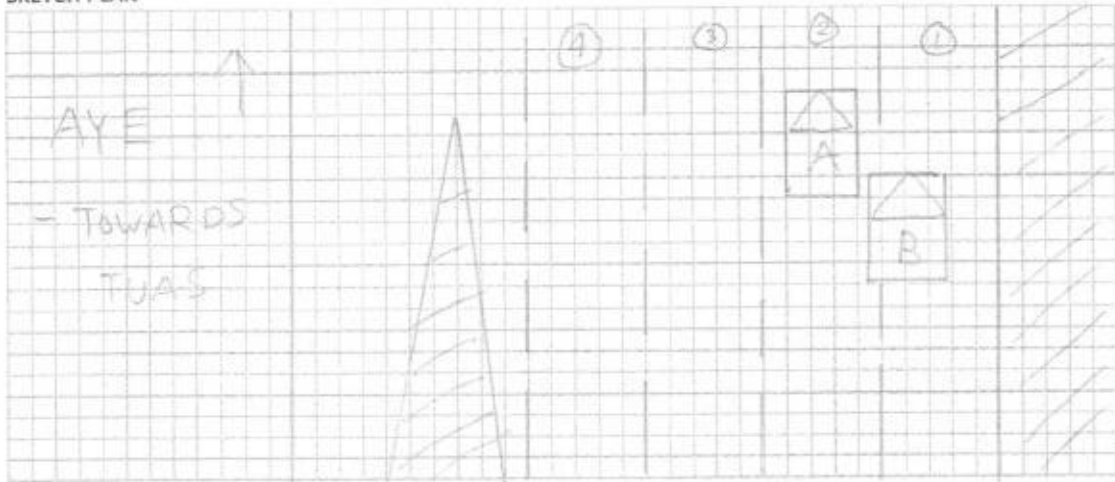
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

A: SHB 8711-2

B: SGH 5305

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

He is
near to
attack
statement!

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:

0031166/7
800n

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Signature]

GIA DECLARATION Pg. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

003116612
Joon
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement Pg. 1

As stated in police report, dated 16/03/2018, police report number. T/20180716/2070
at Tanah Merah NPP

Brief Details.

On 16/03/2018 at about 0840hrs, I was driving my taxi with a passenger (Kelvin Chua, 21 Jalan Membina #13-44, 96953135) along AYE lane 2 and all of a sudden, I felt there is an impact at the rear. I immediately change lane to the road shoulder to prepare to stop. However, as I was stopping, the driver that hit the right rear of my taxi took a snapshot of my photo before driving off without stopping. My passenger immediately called for police assistance.

Neither my passenger nor I am injured. I alighted to check on my taxi and discovered the right rear bumper had a scratch and the right rear rim has a scratch.

I proceed to leave the scene to send my passenger to his destination and was contacted by Traffic Police to proceed back to the incident location. The plate number was SGH53057.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



Relief

9661 6356

SHB 8711-2


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S00311661



Name
ER CHIN SOON
余 進 順
Race
CHINESE
Date of birth
22-06-1953
Country of birth
SINGAPORE
Sex
M
S00311661

Land Transport Authority


VOCATIONAL LICENCE



Licence No. S00311661
Name: ER CHIN SOON
Issue Date: 10/2/2011
Please visit www.lta.gov.sg to check the status of this vocational licence.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S00311661



ER CHIN SOON
Birth Date: 22 Jun 1953
Issue Date: 10 Feb 2011
0019329128


4692674




NRIC No. S00311661
Date of issue
23-02-2011
Address
APT BLK 172 BEDOK SOUTH ROAD
#10-419
SINGAPORE 460172

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.


Type Description
02 TAXI VL
Issue Date
02/04/1984



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	20 May 1977
Class 3A	Motorcycles between 201 cc and 400 cc	20 May 1977
Class 2	Motorcycles > 400 cc	20 May 1977
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	07 Aug 1981

NP 428A



Licence No: S00311661

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180316/2070

1 of 3

Report No. T/20180316/2070

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2018 12:53	Vide Report No.: E/20180316/0057	Station Diary No.: 39
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: ER CHIN SOON			Address: APT BLK 172 BEDOK SOUTH ROAD #10-419 SINGAPORE 460172	
ID Type / ID No.: NRIC NO / S0031166I			Contact No.: Home/Office:	Mobile: 96616356
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 64	Date of Birth: 22/06/1953	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Part Time Taxi Driver			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/03/2018 08:40	Type of Location: Expressway
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Towards Tuas				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGH5305 (Not Accurate)	Car				No Damage	0
SHB8711Z	Car	KIA	OPTIMA 1.7(A)	Silver	Slightly Damaged	1

Details of Person Involved

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180316/2070

2 of 3

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20180316/2070

CONTINUATION OF REPORT

Driver			
Name	ER CHIN SOON	ID No.	S0031166I
Related Vehicle	SHB8711Z (Car)	Contact No.	96616356
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/03/2018 at about 0840hrs, I was driving my taxi with a passenger (Kelvin Chua, 21 Jalan Membina #13-44, 96953135) along AYE lane 2 and all of a sudden, I felt there is an impact at the rear. I immediately change lane to the road shoulder to prepare to stop. However, as I was stopping, the driver that hit the right rear of my taxi took a snapshot of my photo before driving off without stopping. My passenger immediately called for police assistance.

Neither my passenger nor I am injured. I alighted to check on my taxi and discovered the right rear bumper had a scratch and the right rear rim has a scratch.

I proceed to leave the scene to send my passenger to his destination and was contacted by Traffic Police to proceed back to the incident location. The plate number was SGH5305?.



**SINGAPORE
POLICE FORCE**



T/20180316/2070

3 of 3

Report No. T/20180316/2070

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SINGAPORE 461051
Tel No: 1800-4499999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 SAM YEO WEN MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/03/2018 12:53

Officer In Charge Of Case:

TP / HRT /

SI TAN LEE HWANG DAWN

Contact No: 65474885



Authentication Stamp

NP168

SIGNATURE

Classification Of Case:

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #19-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MPAS 18036120 Vehicle Registration No: SHB 87112
 Name (as shown in NRIC): PREMIER TAXIS PTE LTD NRIC/FIN/Passport No: _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: 23 CHANGI SOUTH AVE 2, #01-02, S (486443) Singapore()
 Contact (Tel): 6214 8880 Mobile No.: _____
 Email Address: _____
 Date of Accident: 16-03-18 Time of Accident: 0840HRS
 Place of Accident: AYE - TUBS
 Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend vehicle B as

SGZ 5305T.



Policyholder / Driver's Signature
 Date: _____

[Signature]

Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: 22 MAR 2010
 Date: _____

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG: 200707743D GST REG: 200707743D

26-Mar-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8711 Z

1 pc	Rear bumper <i>new</i>	\$ 696.00	X
1 pc	Rear bumper lower cover <i>SVC</i>	\$ 206.00	X
1 pc	Rear bumper o/s side bracket @ \$29.00 <i>SVC</i>	\$ 29.00	X
1 pc	Rear bumper inner sponge <i>HN</i>	\$ 114.00	X
1 pc	Rear bumper reinforcement <i>HN</i>	\$ 607.00	X
1 pc	Rear bumper o/s stay @ \$53.00 <i>HN</i>	\$ 53.00	X
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00 <i>HN</i>	\$ 36.00	X
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00 <i>HN</i>	\$ 36.00	X
1 pc	Rear bumper o/s reflector @ \$46.00 <i>Scratched</i>	\$ 46.00	✓
1 pc	Rear o/s wheel cover @ \$116.00 <i>cut</i>	\$ 116.00	✓
		\$ 1,939.00	
		\$ 193.90	Less 10%
		\$ 1,745.10	

S/NETT

1 set	Rear bumper clips <i>HN</i>	\$ 301-48.00	✓
1 pc	Rear o/s fender sticker <i>HN</i>	\$ 60.00	✓
		\$ 50.00	HN
	Sundry	\$ 120.00	HN
	To dismantle / replace/ test reverse sensor to new bumper and reset to the same	\$ 180.00	HN
	To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.	\$ 650.00	400/-
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the rear o/s fender	\$ 400.00	360/-
	To putty and spray painting on rear bumper, rear o/s fender	\$ 200.00	30/-
	To apply rustproofing on the repaired and replaced panels.	\$ 3,453.10	

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST) 23/03/2018 15:30 1025.80

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

Photo after repair

Not done
4/3/18 3 days.
Bayer
LKK Int

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/ICS18005480/DTD3N2

Date: 16/04/2018

REFERENCE

Handling Insurer:	ECICS Limited	Policy No:	
Claimant Vehicle No :	SHB8711Z	Insured Vehicle No :	SGZ5305T
Date of Loss:	16/03/2018	Nature of Claim:	TP
		Claim No:	N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB8711Z	Engine No:	D4FDDH308771
Make & Model:	KIA OPTIMA, 1.7 D (A)	Chassis No:	KNAGM414ME5452065
Reg. Date:	25/11/2013 (Man. Year: 2013)	Odometer:	341971 km
Colour:	Silver		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	205/65R16	Rear Tyre Size:	205/65R16
Front Left Side:	Maxxis 5 mm	Rear Left Side:	Maxxis 5 mm
Front Right Side:	Maxxis 5 mm	Rear Right Side:	Maxxis 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,903.10	235.80	1,667.30	87.61
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,550.00	790.00	760.00	49.03
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	3,453.10	1,025.80	2,427.30	70.29
+ GST 7.00/7.00% (\$\$)	241.72	71.81	169.91	70.29
Nett Amount (\$\$)	3,694.82	1,097.61	2,597.21	70.29

INSPECTION

Date of Assignment: 23/03/2018

Date Inspected: 23/03/2018 Inspected At:

Premier Automotive Services Pte Ltd
(HQ)
23 Changi South Ave 2, #01-02
Singapore 486443

Estimated Period of Repair: 3.0 days

Adjuster: BRYAN TANI

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 16 Apr 2018)
Parts: 143	KIA OPTIMA 1.7 D (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHB8711Z)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*REAR BUMPER	Repair	696.00 FL	*- FL
2	1	*REAR BUMPER LOWER COVER	Serviceable	206.00 FL	*- FL
3	1	*REAR BUMPER O/S SIDE BRACKET	Serviceable	29.00 FL	*- FL
4	1	*REAR BUMPER INNER SPONGE	Not Necessary	114.00 FL	*- FL
5	1	*REAR BUMPER REINFORCEMENT	Not Necessary	607.00 FL	*- FL
6	1	*REAR BUMPER O/S STAY	Not Necessary	53.00 FL	*- FL
7	2	*REAR BUMPER REINFORCEMENT LOWER BRACKET	Not Necessary	36.00 FL	*- FL
8	2	*REAR BUMPER REINFORCEMENT UPPER BRACKET	Not Necessary	36.00 FL	*- FL
9	1	*REAR BUMPER O/S REFLECTOR	Scratched	46.00 FL	*46.00 FL
10	1	*REAR O/S WHEEL COVER	Cut	116.00 FL	*116.00 FL
11	1	*SET REAR BUMPER CLIPS	Necessary	48.00 FS	*30.00 FS
12	1	*REAR O/S FENDER STICKER	Necessary	60.00 FS	*60.00 FS
13	1	*SUNDRY	Not Necessary	50.00 FS	*- FS
				Sub Total (\$\$)	2,097.00 252.00
				- List Item Discount on L Items 10.00/10.00% (\$\$)	193.90 16.20
				Total Parts (\$\$)	1,903.10 235.80

F=Franchise part. S=SpcNett. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO DISMANTLE/REPLACE/TEST REVERSE SENSOR TO NEW BUMPER AND RESET TO THE SAME	New	120.00	-
2	TO DISMANTLE/REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS	New	180.00	-
3	TO PUTTY AND SPRAY PAINTING ON REAR BUMPER, REAR O/S FENDER	New	400.00	360.00
4	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS	New	200.00	30.00
5	TO LABAOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE REAR O/S FENDER	New	650.00	400.00
Gross Labour Cost (S\$)			1,550.00	790.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >