

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

25-Jun-19

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6463 Y

1 pc	Front bumper	\$	531.00
1 pc	Front n/s wheel cover	\$	116.00
1 pc	Front bumper n/s side retainer	\$	16.00
		\$	663.00
	Less 10%	\$	66.30
		\$	596.70

S/NETT

1 set	Front bumper clips	\$	48.00
1 pc	Front n/s fender sticker	\$	30.00
1 pc	Front n/s fender inner shield clips	\$	28.00
	Sundry	\$	50.00
	To check wheel alignment	\$	80.00
	To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.	\$	180.00
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of front n/s fender, etc	\$	650.00
	To putty and spray painting on front bumper, front n/s fender, front n/s wheel cover	\$	600.00
	To apply rustproofing on the repaired and replaced panels.	\$	120.00
		\$	2,382.70

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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

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 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 Report	25/06/2019 13:38
Date Of Accident	25/06/2019 11:40
Exact Location Of Accident	OPEN C/P @ JURONG WEST ST 91 (BLK 907)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6463Y
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	5107202885
Cover Note Number	
Driver	
Name of Driver	SALEH BIN YUSERI
NRIC No	S1696684C
Date Of Birth	24/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	21/02/1990
Driving Experience	29 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93393134
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 220B #02-61 SUMANG LANE
Postcode	822220
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	3
Passenger 1	NAME: : PAX IN THE REAR SEAT - MALAY GENDER: : MALE

Passenger 2	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : FEMALE
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Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 2 PAX VEH. B - UNKNOWN PAX ONBOARD

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 MIKHAIL - PAX IN VEH. A
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN4629U
Vehicle Make/Model/Colour	KIA CERATO
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR

Name of Driver	ADRIAN
NRIC/Passport Number	S7539307E
Contact Number	92700982
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

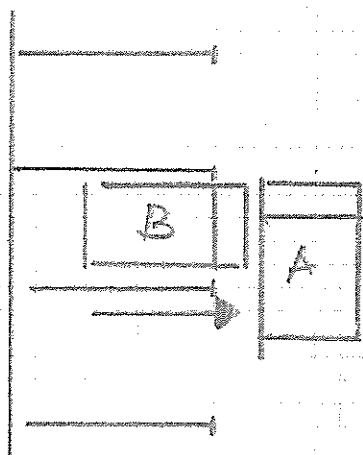
25 JUN 2019
S1696684C
SAC 6463 Y

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

Signature of Reporting Centre Personnel

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

SKETCH PLAN



open c/p (c)
Jurong West
S+91
(Nearby B 907)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6463 Y

B: SLN 4629 U

[A large diagonal line is drawn across the remaining lines of this section.]

DECLARATION

I/We declare the foregoing particulars are true in every respect.

25 JUN 2019

Policyholder's Signature
Date & Time:



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

[Signature] 51696684C

[Initials]

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

[Signature]

Describe Circumstance of the Accident.

ON 25/06/2019 @ 1140HRS, I WAS DRIVING MY TAXI (SHC 6463 Y), ALONG THE OPEN CARPARK DRIVEWAY @ JURONG WEST ST 91 (NEARBY BLK 907), WITH 2 PASSENGERS ONBOARD.

WHILE I WAS MOVING STRAIGHT AHEAD – TOWARDS THE EXIT, SUDDENLY I FELT AN IMPACT FROM MY LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SLN 4629 U – KIA CERATO) WHICH WAS STATIONARY/PARKED IN A VERTICAL PARKING LOT (ON MY LEFT) – FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO OBSERVE FOR CLEARANCE FROM MY ROUTE, HAD MOVED OFF AHEAD & ENCROACHED ONTO MY PATH ON MY LEFT ABRUPTLY.

AS SUCH, THE FRONT PORTION OF VEHICLE B COLLIDED ONTO THE LEFT FRONT OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT FRONT PORTION & VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

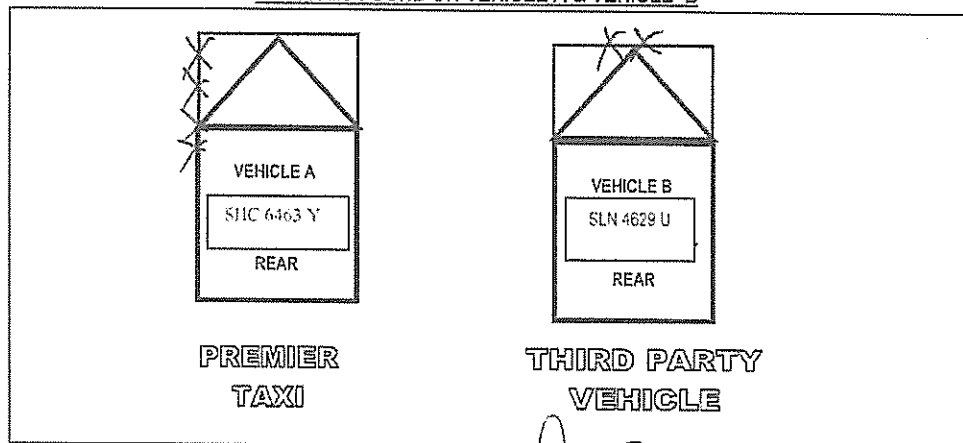
ONE OF MY PASSENGERS – MR MIKHAIL WHO WAS IN THE REAR SEAT, WILLING TO BE MY EYE WITNESS.



NO INJURY INVOLVED.

UNKNOWN PASSENGERS ONBOARD VEHICLE B.

*SCENE PHOTOS & VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



 S1696684C
Driver's Signature & NRIC Number
@ 1:50:39 PM
(attended by )

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-19-101109

Date of Request: 25/06/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 25/06/2019
Enquiry By GOH WEE DEK
TP Vehicle No. SLN4629U
Accident Date 25/06/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLN4629U	AIG Asia Pacific Insurance Pte. Ltd.	04/05/2019-03/05/2020	65-6419-3000

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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RECORDS MANAGEMENT CENTRE

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RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-101109

Date of Request: 25/06/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 25/06/2019
Enquiry By GOH WEE DEK
TP Vehicle No. SLN4629U
Accident Date 25/06/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	16 Mar 2015 / 09:00:08	Receipt No.:	AACCK001-AX239-150316-000001
Asset Type:	Vehicle	Transaction Amount:	\$65,391.00
Asset ID:	SHC6463Y	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150316090008448390		

Vehicle No.:	SHC6463Y
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:	16 Mar 2015
Original Registration Date:	16 Mar 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5588458
Engine No.:	D4FDEH313614
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:	2014
Open Market Value:	\$21,185.00
Minimum PARF Benefit:	\$8,495.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	16 Mar 2015 09:00:08
COE No.:	2015031601002237N
COE Expiry Date:	15 Mar 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$51,092.00
Lifespan Expiry Date:	15 Mar 2023