

ASS. REC. BY:

REF: CS/INC 1904708 / Fv f302

**Special instruction:**

Surveyor

Ram

### ASSIGNMENT (Office)

From (Person):

## Hazalysa Binje Ibrahim

of

IN C

Date/Time: 7.11.19 10:08a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 60194

Insured:

FBP 5293E

at Workshop m/s

Premise 1

Tel:

65 446689

of

23 change South Ave 2 #01-02

Policy No:

Claim No:

MT | 1070309-001

Sum Insured:

Excess:

Make of Veh:

D.O.A.

5.11.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time

711-19

1205 a.m

Person Contacted:

Mr Chua

Vehicle ~~IN~~ OUT

Date/Time

Action/Instruction

(✓) Estimate

SAC GALT - RA MSG#002470/h4

DOM - 27/01/2019

REF: INC

ASS: REC: BY:

Ram

## ASSIGNMENT

From: \_\_\_\_\_ Date: 7.11.2019

Estimated Cost:

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

To Inspect Vehicle No: SHC 6019Y

at Workshop m/s Premier

of 23 Changi South Ave 2 #01-02

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

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

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

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

mp"

Vehicle: IN / OUT

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

Veh No: SHC 6019Y Yr Regn: 13/SUN, 2014

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

Truck / Trailer or

Make: Kia optima c.c. 1685

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

Sp. Reading: 746554 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: KNAGM414MES163467

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/65R16

R: -

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

TOYO / YOKO or maxxis

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 5/11/19 D.O.I. 7/11/19 1100AM

Survey held at Premier

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

rear &amp; N/S rear

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

Date / Time Action / Instruction

HS: \$1700/- (Red 3082.40, 709)  
repair days: 3 days

confirm on 21/11/19 with vincent chun.

RECEIVED 21 NOV 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 21/11 - typist

Rep. Format: TP

Lump Sum / LB: 1700/-

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Wheel end (\$)

Survey Fee: 290

Transportation:

S + RS. \$1

Photos

Others

TOTAL

290

## Nivitha (LKK Auto)

---

**From:** Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>  
**Sent:** Thursday, 7 November 2019 11:28 AM  
**To:** Admin-D (LKKAuto); assignments; SUR  
**Cc:** Hazalysa Binte Ibrahim  
**Subject:** RE: TP CASES FARMED OUT TO LKK ON 07/11/2019

Dear LKK,

Re-send with details.

Thank you.

Warmest Regards

**Hazalysa Bte Ibrahim**  
Admin Assistant  
Motor Department  
[www.income.com.sg](http://www.income.com.sg)

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**in** with you

PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

**From:** Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]  
**Sent:** Thursday, 7 November 2019 10:56 AM  
**To:** Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>  
**Cc:** Thio Tse Kiat <tsekiat.thio@income.com.sg>  
**Subject:** RE: TP CASES FARMED OUT TO LKK ON 07/11/2019

Dear Hazalysa,

Noted with thanks.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Hazalya Binte Ibrahim [mailto:[hazalya.ibrahim@income.com.sg](mailto:hazalya.ibrahim@income.com.sg)]  
**Sent:** Thursday, 7 November 2019 10:54 AM  
**To:** Admin-D (LKKAuto) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Cc:** Thio Tse Kiat <[tsekiat.thio@income.com.sg](mailto:tsekiat.thio@income.com.sg)>; Hazalya Binte Ibrahim <[hazalya.ibrahim@income.com.sg](mailto:hazalya.ibrahim@income.com.sg)>  
**Subject:** RE: TP CASES FARMED OUT TO LKK ON 07/11/2019

Dear LKK,

Please cancel the survey.

Thank you.

5	MT/1069323-001	GBB8385C	RYDER AUTO PTE LTD	2 KAKI BUKIT AVE 2 #02-19 AUTOHUB @ KAKI BUKIT SINGAPOR 417921	june / 67418277	10:00-12:00					
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Warmest Regards

**Hazalya Bte Ibrahim**  
Admin Assistant  
Motor Department  
[www.income.com.sg](http://www.income.com.sg)



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you

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PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

**From:** Admin-D (LKKAuto) [<mailto:admin-d@lkkauto.com>]  
**Sent:** Thursday, 7 November 2019 10:33 AM  
**To:** Hazalya Binte Ibrahim <[hazalya.ibrahim@income.com.sg](mailto:hazalya.ibrahim@income.com.sg)>; [assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Cc:** Thio Tse Kiat <[tsekiat.thio@income.com.sg](mailto:tsekiat.thio@income.com.sg)>  
**Subject:** RE: TP CASES FARMED OUT TO LKK ON 07/11/2019

Dear Sir/Madam,

Thank you for your assignment.

SDB2382B,SMM5544S car not in the workshop,repairer will arrange.

Best Regards,

**Summer Lee** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Hazalya Binte Ibrahim <[hazalya.ibrahim@income.com.sg](mailto:hazalya.ibrahim@income.com.sg)>  
**Sent:** Thursday, 7 November, 2019 10:08 AM  
**To:** Admin-D (LKKAuto) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>; [assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** Thio Tse Kiat <[tsekiat.thio@income.com.sg](mailto:tsekiat.thio@income.com.sg)>; Hazalya Binte Ibrahim <[hazalya.ibrahim@income.com.sg](mailto:hazalya.ibrahim@income.com.sg)>  
**Subject:** TP CASES FARMED OUT TO LKK ON 07/11/2019

Dear LKK,

Please assist to survey the following vehicles as per Mr Teng instruction :-

SN	OIC	Claim No.	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
1	Jeff Lin	MT/1069832-002	SMG282L	ADVANCE AUTO GARAGE	23 KAKI BUKIT AVE 4 #04-01 AAS KAKI BUKIT CENTRE SINGAPORE 415933	Xavier Lim / 9007 9247		SMN6759C	04/11/19	
2	Azhari	MT/1070238-002	SMH8938X	DYNAMIC AUTOWORK PTE LTD	8 KAKI BUKIT AVENUE 4 #08-09 PREMIER @ KAKI BUKIT	Michelle / 9856 4815		SLR4461P	05/11/19	
3	Charlotte Chew	MT/1070066-002	SLZ9192R	MG SOLUTION PTE LTD	23 KAKI BUKIT AVENUE 4 #02-03B (SOUTH WING)	Ms Hong / 6243 1373		SMD5781X	05/11/19	
4	Quek Swee Keng	MT/1070309-001	SHC6019Y	PREMIER AUTOMOTIVE SERVICES PTE LTD	23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443	MR CHUA / 65446689		FBP5293E	05/11/19	
5		MT/1069323-001	G8B8385G	RYDER-AUTO PTE LTD	2-KAKI-BUKIT AVE 2 #02-19-AUTOGHUB @-KAKI BUKIT SINGAPOR 417921	June / 67418277	10:00-12:00	-		CANCEL THE SURVEY
6	Muhammad Airwan	MT/1062113-003	JTM5751	STAXX PTE LTD	1 KAKI BUKIT ROAD 1 #02-09 ENTERPRISE ONE SINGAPORE 415934	Chong / 6741 1480 / 9839 1819		YN7098C	11/09/19	
7	David Phua	MT/1070247-001	SKK6749X	CHEW MOTOR PTE LTD	1 KAKI BUKIT AVENUE 6 #01-11/41 AUTOBAY @ KAKI BUKIT	Sukyi Chong / 6747 9241		SLN6600M	05/11/19	

8	Charlotte Chew	MT/1069303-002	YN1408G	CHIN MENG MOTORS	1 KAKI BUKIT AVENUE 6 #01-40/63 AUTOBAY @ KAKI BUKIT SINGAPORE 417883	QUEK KIM SENG / 67474810	10:00-12:00	GV3920B	29/10/19	
9	Azhari	MT/1068654-002	SDB2382B	SME MOTOR PTE. LTD.	1 KAKI BUKIT AVENUE 6 #02-15 AUTOBAY @ KAKI BUKIT SINGAPORE 417883	Jacob Ang / 6747 6106	10:00-12:00	SMG3816C	24/10/19	
10	Fiona Shen	MT/1069889-002	SMM5544S	SME MOTOR PTE. LTD.	1 KAKI BUKIT AVENUE 6 #02-15 AUTOBAY @ KAKI BUKIT SINGAPORE 417883	Jacob Ang / 6747 6106	10:00-12:00	SLT2636E	01/11/19	

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Warmest Regards

**Hazalya Bte Ibrahim**  
Admin Assistant  
Motor Department  
**T +65 6430 7902**  
[www.income.com.sg](http://www.income.com.sg)

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Text size + -

**Enquire Transaction History****Transaction History Details**

Log Date/Time:	13 Jun 2014 / 09:09:15	Receipt No.:	AACCK001-AX239-140613-000004
Asset Type:	Vehicle	Transaction Amount:	\$70,018.00
Asset ID:	SHC6019Y	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140613090915601025		
Vehicle No.:	SHC6019Y		
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:	13 Jun 2014		
Original Registration Date:	13 Jun 2014		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414ME5463467		
Engine No.:	D4FDDH308341		
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:	\$20,028.00		
Minimum PARF Benefit:	\$7,524.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	13 Jun 2014 09:09:15		
COE No.:	2014061301001192M		
COE Expiry Date:	12 Jun 2022		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$57,338.00		
Lifespan Expiry Date:	12 Jun 2022		
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 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	06/11/2019 11:50
Date Of Accident	05/11/2019 17:30
Exact Location Of Accident	PIE - TUAS (AFTER PAYA LEBAR FLYOVER)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC6019Y
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	YONG KAH WAI
NRIC No	S1672439D
Date Of Birth	06/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	02/07/1984
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84484007
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 13 #01-105 MERPATI ROAD
Postcode	370013
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	SIDE SWIPE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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 - FOREIGNER GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - FOREIGNER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEH. A - 2 PAX VEH. B - NO PILLION \*REFER TO ATTACH POLICE REPORT

#### 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	PATRIDE - PAX IN VEH. A
Phone Number	
Email Address	

#### Details of Witness 2

Name	ADAM MARTIN - PAX IN VEH. A
------	-----------------------------

Phone Number

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP5293E
Vehicle Make/Model/Colour	M/CYCLE
Details Of Properties	VEH. B
Vehicle Category	MOTORCYCLE
Name of Driver	IDRIS
NRIC/Passport Number	
Contact Number	90932970
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	YONG KAH WAI - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	SEEKING FOR MEDICAL TREATMENT SOON
Injured person in which vehicle?	
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	IDRIS - RIDER OF VEH. B
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBP5293E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**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:

X

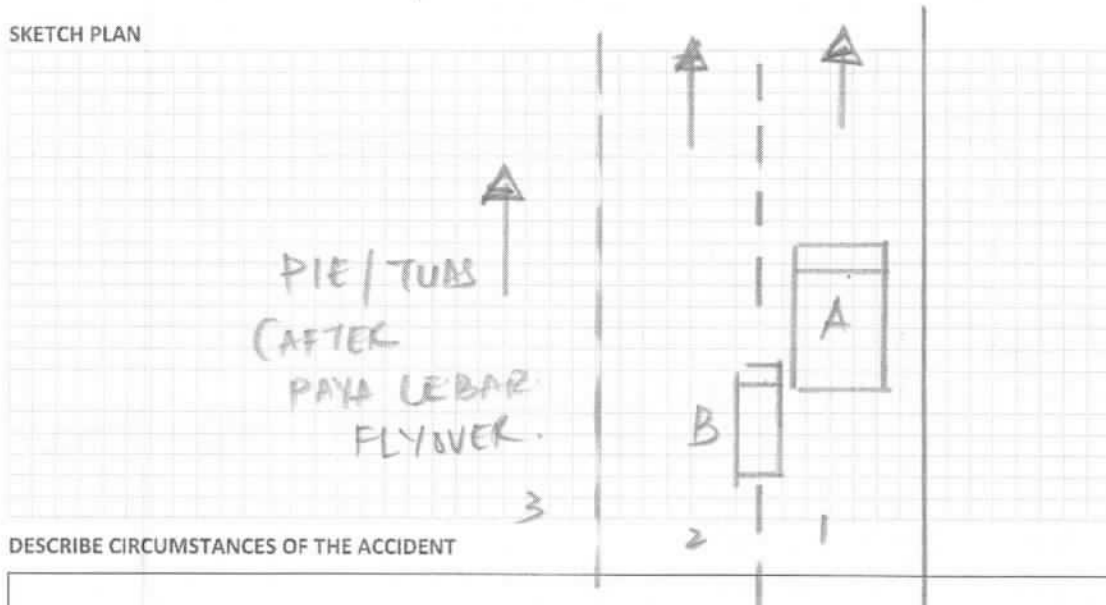
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

X SHC 60194

06 NOV 2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 60194

B: FBP 5293E

\* Refw to attach police report

DECLARATION

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

06 NOV 2019

Policyholder's Signature  
Date & Time:



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

*[Signature]*

\* 5167243410

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

*[Signature]*



**SINGAPORE  
POLICE FORCE**



T/20191105/2151

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

1 of 3

Report No. T/20191105/2151

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2019 19:08	Vide Report No.:	Station Diary No.: 25
--	------------------	--------------------------

## Informant's Particulars

Name of Informant: YONG KAH WAI	Address: APT BLK 13 MERPATI ROAD #01-105 SINGAPORE 370013		
ID Type / ID No.: NRIC NO / S1672439D	Contact No.: Home/Office: Mobile: 84484007		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 55	Date of Birth: 06/06/1964	Type of Informant: Driver
Race: Chinese	Language:		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: 05/11/2019 17:50	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY  towards Tuas after Paya lebar flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBP5293E	Motorcycle				Slightly Damaged	0
SHC6019Y	taxi				Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20191105/2151

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

2 of 3

Report No. T/20191105/2151

**CONTINUATION OF REPORT**

**Brief Details.**

On 05/11/2019 at about 1750hours, I was driving my premium taxi (SHC6019Y) on lane 1 of PIE towards Tuas. As I was driving after paya lebar flyover, I felt an impact from the rear and immediately after, I saw a motorcycle and its rider flew forward on lane 2. I then stopped my taxi and assisted the rider. Traffic police and ambulance came. Ambulance conveyed the rider. Myself and passengers are not injured.

Traffic police took my in car camera sd card.





**SINGAPORE  
POLICE FORCE**



T/20191105/2151

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

3 of 3

Report No. T/20191105/2151

## 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 3 ABDUL MATIN BIN ISMAIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/11/2019 19:08

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

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

and

ner

Ram (LCC)

7/11/19 1130WS

Parasuram@LCCauto.com

8562277840

3 prep days

(T) DISMANTLE required

LUDE

\$	120.00	X
\$	180.00	X
\$	850.00	\$360
\$	800.00	\$540
\$	120.00	<del>X</del> \$20
\$	4,403.50	

4782.40

45

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

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6019 Y

QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1 pc	Bootlid CRD <del>XXXX</del> <del>XXXX</del> <del>XXXX</del> Xnn	\$ 29.00	
1 pc	Bootlid emblem <del>XXXX</del> <del>XXXX</del> Xnn	\$ 27.00	
1 pc	Rear bumper <del>CRD</del>	\$ 696.00	
1 pc	Rear bumper lower cover X (R)	\$ 206.00	
1 pc	Rear bumper n/s side bracket @ \$29.00 Xnn	\$ 29.00	
1 pc	Rear bumper inner sponge ?	\$ 114.00	
1 pc	Rear bumper reinforcement ?	\$ 607.00	
1 pc	Rear bumper n/s stay @ \$53.00 ?	\$ 53.00	
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00 ?	\$ 36.00	
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00 ?	\$ 36.00	
1 pc	Rear bumper n/s reflector @ \$46.00 Xnn (Polish)	\$ 46.00	
1 pc	Rear n/s wheel cover Xnn	\$ 116.00	
		\$ 1,995.00	\$ 696.00

\$ 199.50

Total Purcs = \$626.40 + \$378.90 - 1,795.50 = \$626.40

$\approx \$1005.30$

1 set	Rear bumper clips	nee
1 set	Reverse sensor	xin
1 set	Bootlid stickers	nee
1 pc	Rear n/s fender sticker	nee

$$S/NETT = \$2081 -$$

\$ 48.00

\$ 280.00

\$ 100.00

\$ 60.00

Labour

$$= \$920/\$$$

15 50.00

Sundry

To dismantle / replace reverse sensor to new bumper and reset to the same

204/0 L/S S

~~12700-X~~

To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.

= \$1706-64

~ \$1700/-

~~180.00~~ X

To labour charge for dismantle and renew the accident damaged parts, including knock-out, straighten, repair, reshape and adjust of the rear n/s fender, bootlid, etc

Rain (Lick)

To putty and spray painting on the rear bumper, bootlid  
bootlid lower garnish, rear v/s fender

Ram (4)  
7/11/19 1130WS  
@Duke

\$ 10.0850.00 \$360

To apply rustproofing on the repaired and replaced panels

Parasuram  
25622778hp

\$ 800.00 \$540

\$ 120.00

\$ 4,403.50

( ALL THE REPAIR COSTS ARE SUBJECTED TO GST )  
THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE  
ANY UNFORESEEN DAMAGES.

3 prepar days

dismanter  
require

45

# 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

7-Nov-19

## SUPPLEMENTARY ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6019 Y

1 pc

Rear n/s tail lamp

*ARC*

Less 10%

\$ 421.00

\$ 42.10

\$ 378.90

( ALL THE REPAIR COSTS ARE SUBJECTED TO GST )

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



**Veron Chen (LKKAuto)**

---

**From:** Vincent Chua <vincent.chua@premiertaxi.com>  
**Sent:** Wednesday, 20 November 2019 7:57 PM  
**To:** SUR  
**Cc:** Parasuram (LKK Auto)  
**Subject:** SHC6019Y - FINALIZE - DOA: 05/11/2019  
**Attachments:** 20112019195404-0001.pdf; IMG\_20191111\_144633.jpg; IMG\_20191111\_144637.jpg; IMG\_20191111\_144641.jpg

Dear all,

Hereby attached after repair photos.

Supplementary item, Rear LH tail lamp.

L/S Repair \$1700.00/-, 03 Repair days

Total parts (after 10% parts discount) - \$1005.30/-

S/Nett = \$208/-

Labour/Spray Painting - \$920/-

Attached supplementary estimate along with survey marking for your perusal.

Please confirm.

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](http://www.premiertaxi.com.sg)

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## 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

DAMAGE ASSESSMENT REPORT				
NTUC INCOME INSURANCE CO-OPERATIVE LTD 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Ref: CS/INC19019708/Fvf3e2 Date: 26-11-2019  Code: INC		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
	Insured Veh.	FBP 5293E	Veh. Inspected	SHC 6019Y
	Policy No.		Coverage (\$)	0.00
	Claim No.	MT/1070309-001	Excess (\$)	0.00
	Assign From	HAZALYSA BTE IBRAHIM	Assign Date	07/11/2019
<b>2. Vehicle Particulars &amp; Condition</b>				
	Make & Model	KIA OPTIMA	c.c	1685
	Engine No.	HIDDEN	Year of Reg.	2014
	Chassis No.	KNAGM414ME5463467	Colour	SILVER
	Odometer	746554 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		
<b>3. Conditions of Tyres</b>				
		Size	Make	Balance
	R/H Front Tyre	205/65 R16	MAXXIS	6 mm
	L/H Front Tyre	205/65 R16	MAXXIS	6 mm
	R/H Rear Tyre	205/65 R16	MAXXIS	6 mm
	L/H Rear Tyre	205/65 R16	MAXXIS	6 mm
<b>4. Description of Damages</b>				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR AND N/S REAR PORTION.  DAMAGES SEE DETAILS.			
<b>5. General Information</b>				
	Accident Date	05/11/2019	Inspect Date / Time	07/11/2019 ( 11:09 AM )
	Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		
<b>5a. Remarks</b>				
	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>				
	ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>3 Working Days</b>	



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Page No.:1 of 2

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 6019Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BOOTLID CRDI	NOT NECESSARY	29.00	-
1	BOOTLID EMBLEM	NOT NECESSARY	27.00	-
1	REAR BUMPER	CRACKED	696.00	696.00
1	REAR BUMPER LOWER COVER	TO REPAIR SEE LABOUR	206.00	-
1	REAR BUMPER N/S SIDE BRACKET	NOT NECESSARY	29.00	-
1	REAR BUMPER INNER SPONGE	NOT NECESSARY	114.00	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	607.00	-
1	REAR BUMPER N/S STAY	NOT NECESSARY	53.00	-
2	REAR BUMPER REINFORCEMENT LOWER BRACKET @\$18.00	NOT NECESSARY	36.00	-
2	REAR BUMPER REINFORCEMENT UPPER BRACKET @\$18.00	NOT NECESSARY	36.00	-
1	REAR BUMPER N/S REFLECTOR	NOT NECESSARY	46.00	-
1	REAR N/S WHEEL COVER	NOT NECESSARY	116.00	-
1	REAR N/S TAIL LAMP (ADDITIONAL)	CRACKED	421.00	421.00
	LESS 10% DISCOUNT		-241.60	-111.70
			2,174.40	1,005.30
<b>SPECIAL NETT ITEMS</b>				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	48.00	48.00
1	SET REVERSE SENSOR (SN)	NOT NECESSARY	280.00	-
1	SET BOOTLID STICKERS (SN)	NECESSARY	100.00	100.00
1	REAR N/S FENDER STICKER (SN)	NECESSARY	60.00	60.00
1	SUNDRY (SN)	NOT NECESSARY	50.00	-
			538.00	208.00
<b>LABOUR</b>				
	TO DISMANTLE / REPLACE REVERSE SENSOR TO NEW BUMPER AND RESET THE SAME.	NOT NECESSARY	120.00	-
	TO DISMANTLE / REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS.	NOT NECESSARY	180.00	-



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TEL: 6256 3561 FAX: 6256 4315

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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE REAR N/S FENDER, BOOTLID, ETC. INCLUSIVE OF THE REPAIR OF REAR BUMPER LOWER COVER.		850.00	360.00
	TO PUTTY AND SPRAY PAINTING ON THE REAR BUMPER, BOOTLID, BOOTLID LOWER GARNISH, REAR N/S FENDER.		800.00	540.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.		120.00	20.00
			2,070.00	920.00
GRAND TOTAL			4,782.40	2,133.30
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,700.00

Report Ref No. CS/INC19019708/Fvf3e2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,  
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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