

# 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

29-Nov-19

## ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8735 E

1 pc	End panel inner garnish	\$	74.00
1 pc	Boot lid lock	\$	99.00
1 pc	End panel	\$	250.00
1 pc	Bootlid striker	\$	21.00
1 pc	Bootlid emblem	\$	27.00
1 pc	Bootlid CRDi	\$	29.00
1 pc	Boot lid rubber weatherstrip	\$	96.00
1 pc	Rear bumper	\$	696.00
1 pc	Rear bumper lower cover	\$	206.00
1 pc	Rear bumper inner sponge	\$	114.00
2 pcs	Rear bumper side bracket o/s & n/s @ \$29.00	\$	58.00
1 pc	Rear bumper reinforcement	\$	607.00
2 pcs	Rear bumper stay o/s & n/s @ \$53.00	\$	108.00
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00	\$	36.00
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00	\$	36.00
		\$	2,457.00
		Less 10%	\$ 245.70
		\$	2,211.30

### S/NETT

1 set	Rear bumper clips	\$	28.00
1 set	Reverse sensor	\$	200.00
1 set	Bootlid lower garnish clips	\$	30.00
1 set	End panel inner garnish clips	\$	30.00
1 set	Bootlid stickers	\$	30.00
1 pc	Rear bumper top protector	\$	80.00
1 pc	Rear no. plate with casing	\$	50.00

29-Nov-19

**ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8735 E**

To labour charge for dismantle and renew the accident damaged parts. To heat/weld, cut-off the the end panel, floorboard panel, rear o/s fender, n/s & o/s taillamp panel. Including knock-out, straighten, repair, reshape and adjust of the same, etc

\$ 1,000.00

To putty and spray painting on bootlid, bootlid lower garnish, rear bumper, floorboard compartment, end panel

\$ 1,000.00

To apply rustproofing on the repaired and replaced panels.

\$ 120.00

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\$ 4,779.30

( 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	29/11/2019 10:25
Date Of Accident	29/11/2019 08:00
Exact Location Of Accident	PIE SLIP ROAD TOWARDS KJE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8735E
<b>Insured/Policyholder</b>	
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	LEE CHIH WEN
NRIC No	S7677374B
Date Of Birth	24/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	23/10/1999
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97238300
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLOCK 122 YUAN CHING ROAD #09-457
Postcode	610122
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 TO REAR
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### 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

VEHICLE A & B: 1 PAX

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT8179E
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	JACKSON WONG
NRIC/Passport Number	S8211697D
Contact Number	9851 2419
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.



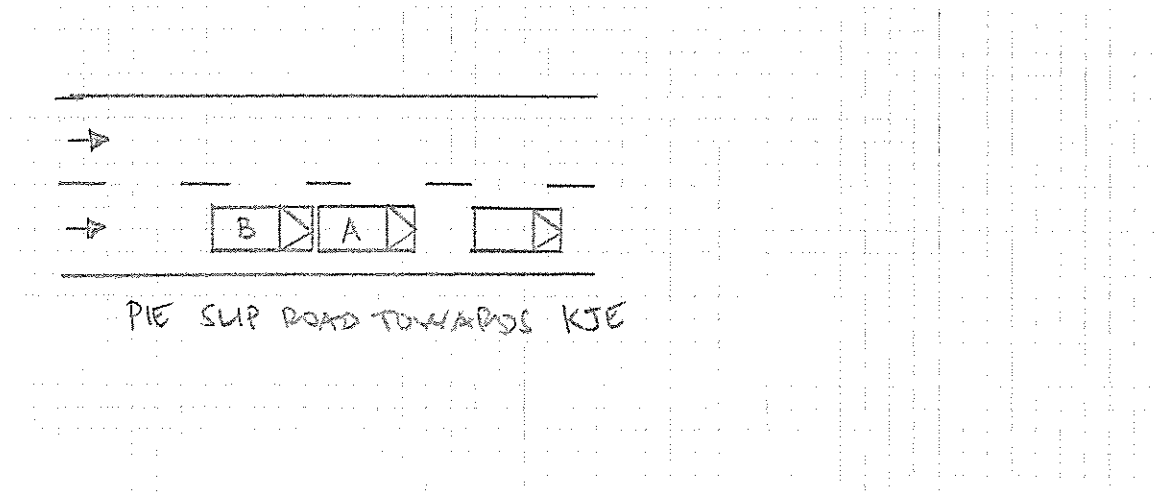
Policyholder's Signature  
Date & Time:

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

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

**Sketch Plan Pg. 2**

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 8735 E

B: SKT 8179 E

## 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Describe Circumstance of the Accident.

ON 29/11/2019 @ 0800, I WAS DRIVING MY TAXI ( SHB 8735 E ) TRAVELLING ALONG PIE SLIP ROAD TOWARDS KJE AT THE RIGHT LANE WITH ONE PASSENGER ONBOARD.

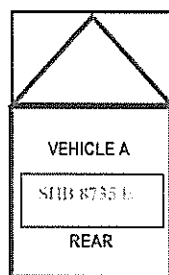
WHILE TRAVELLING, VEHICLE IN FRONT OF ME SLOW DOWN THEN I FOLLOWED SUIT. SUBSEQUENTLY, I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SKT 8179 E ) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

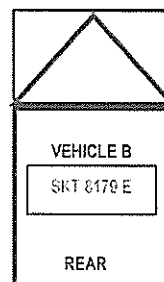
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION & VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

ONE PASSENGER ONBOARD VEHICLE B.

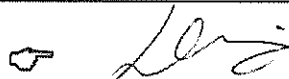
DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE

 57677374B

Driver's Signature & NRIC Number  
Friday, November 29, 2019 @ 10:40:05 AM

( attended by )



Text size + -

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

Log Date/Time:	12 Dec 2013 / 09:27:58	Receipt No.:	AACCK001-AX239-131212-000008
Asset Type:	Vehicle	Transaction Amount:	\$74,995.00
Asset ID:	SHB8735E	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20131212092758567226		

Vehicle No.:	SHB8735E
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:	12 Dec 2013
Original Registration Date:	12 Dec 2013
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5452510
Engine No.:	D4FDDH308788
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:	\$19,615.00
Minimum PARF Benefit:	\$7,269.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	12 Dec 2013 09:27:58
COE No.:	2013121201000985K
COE Expiry Date:	11 Dec 2021
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$62,740.00
Lifespan Expiry Date:	11 Dec 2021

**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-19-197194

Date of Request: 29/11/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 29/11/2019  
Enquiry By GOH WEE DEK  
TP Vehicle No. SKT8179E  
Accident Date 29/11/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKT8179E	AIG Asia Pacific Insurance Pte. Ltd.	24/06/2019-23/06/2020	65-6419-3000

Thank You.

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RECORDS MANAGEMENT CENTRE

**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**TAX INVOICE**

Our Ref No: GR-19-197194

Date of Request: 29/11/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 29/11/2019  
Enquiry By GOH WEE DEK  
TP Vehicle No. SKT8179E  
Accident Date 29/11/2019

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:

☒ GIRO ☐ Cash ☐ Cheque