



# PREMIER AUTOMOTIVE SERVICES PTE LTD

Steve (LKK)

23 CHANGI SOUTH AVENUE 2 #01-02  
SINGAPORE 486443

8322 8813

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

30-Jun-20

Steve Chan @ LKK auto. (sm)

W/L R/L, 1/7/20, 1.30 pr

L/S, 3 days

## ESTIMATE REPAIR BILL FOR HYUNDAI I30 (A) REGN NO: SHD 1123 G

1 pc	Front o/s head lamp ?	\$	1,531.57
1 pc	Front bumper / DLF	\$	811.11
1 pc	Front bumper emblem X	\$	27.80
1 pc	Front bumper o/s side bracket / DR	\$	32.51
1 pc	Front bumper o/s upper bracket ?	\$	92.60
1 pc	Front bumper o/s support bracket ?	\$	37.01
1 pc	Front o/s fender / DD	\$	514.02
1 pc	Front o/s fender inner shield / cut	\$	176.72
		\$	3,223.34
	Less 20%	\$	644.67
		\$	2,578.67

### S/NETT

1 set	Front bumper clips / NK	\$	48.00 30
1 pc	Front o/s fender sticker / NK	\$	30.00 20
1 set	Front o/s fender inner shield clips / NK	\$	28.00 15
	Sundry	\$	50.00 30
	To check wheel alignment	\$	80.00 30 X
	To focus/check front n/s & o/s head lamps	\$	60.00 30 X
	To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.	\$	180.00 X
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the same	\$	600.00 350
	To putty and spray painting on front bumper, front o/s fender	\$	400.00 /
	To apply rustproofing on the repaired and replaced panels.	\$	80.00 30
		\$	4,134.67

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 LKK Auto Consultants

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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

Acknowledged by Repairer

Signature:

Date:

## 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 30/06/2020 08:41  
Date Of Accident 29/06/2020 18:15  
Exact Location Of Accident JLN BT MERAH INTO BT MERAH CENTRAL  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD1123G  
**Insured/Policyholder**  
Name Of Registered Owner PREMIER TAXIS PTE LTD  
Co Reg No 2XXXXX975H  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-62148880

### Vehicle Particulars

Manufacturer HYUNDAI  
Model I30 (FD)-1.6 DOHC (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 5107202885-01  
Cover Note Number

### Driver

Name of Driver MAK KAI WENG  
NRIC No SXXXX167B  
Date Of Birth 07/02/1959  
Occupation OUTDOOR  
Date Of Driving Pass 04/09/1982  
Driving Experience 37 YEARS AND 9 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-92361682  
Fax Number  
Contact Number  
Email Address NOEMAIL

SSS

BLK 7 #07-136  
BOON KENG ROAD  
330007

Atcode

/as driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - RELIEF DRIVER  
Vehicle Registration Number of Driver's Own Vehicle -  
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? 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) 1

### 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 - NO PAX VEH. 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 SGC6700A  
Vehicle Make/Model/Colour HY ELANTRA  
Details Of Properties VEH. B  
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) 2

**SKETCH PLAN**

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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:

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

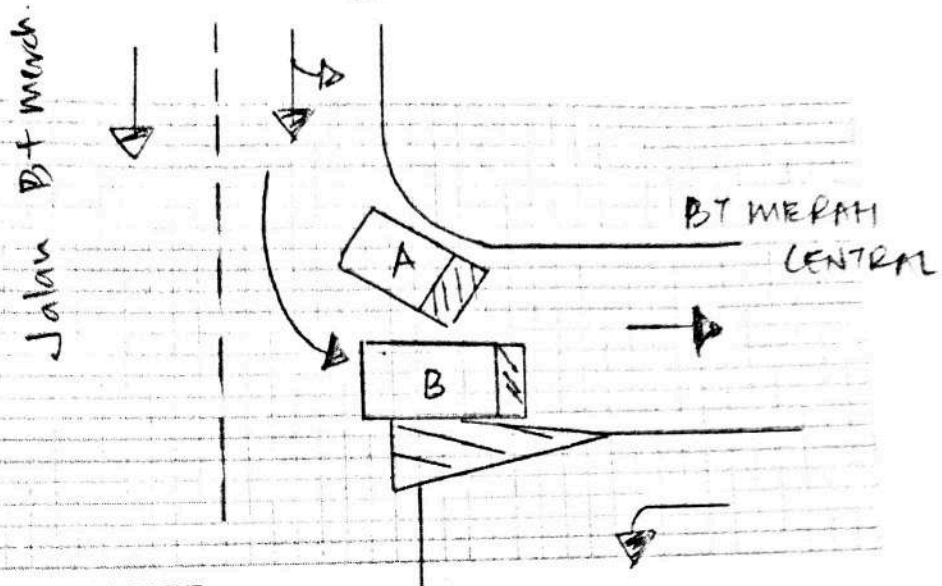
30 JUN 2020

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

X 513 45167 B  
Q SHD 1123 G

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: QYD 1123G

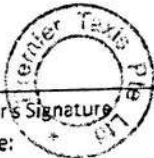
B: SGC 6700A

DECLARATION

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

30 JUN 2020

Policyholder's Signature  
Date & Time:



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

X *MJH* 51345167/B

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

*[Signature]*



Describe Circumstance of the Accident.

ON 29/06/2020 @ 1815HRS, I WAS DRIVING MY TAXI ( SHD 1123 G ) - TRAVELLING ALONG JALAN BT MERAH INTO BT MERAH CENTRAL.

I SLOWED DOWN MY TAXI - TURNING INTO BT MERAH CENTRAL (AS A PASSENGER WAS FLAGGING FOR MY TAXI & INSTRUCTED HER TO WAIT FURTHER AHEAD) BUT SUDDENLY VEHICLE B ( SGC 6700 A - HY ELANTRA ) WHICH WAS INITIALLY BEHIND ME - ENCROACHED ONTO MY PATH ON MY FRONT RIGHT ABRUPTLY.

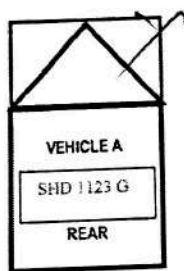
AS SUCH, THE LEFT PORTION OF VEHICLE B COLLIDED ONTO THE FRONT RIGHT PORTION OF MY TAXI.

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

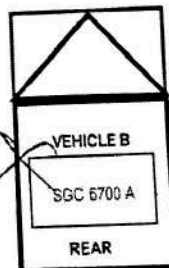
NO INJURY INVOLVED.

NO PASSENGERS ONBOARD MY TAXI & VEHICLE B HAD 1 PASSENGER ONBOARD.

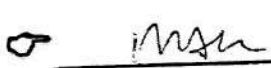
DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE

 51345167/B

Driver's Signature & NRIC Number  
Tuesday, June 30, 2020 @ 9:04:26 AM

(attended by )

Text size + -

## Enquire Transaction History

### Transaction History Details

Log Date/Time:	31 Aug 2016 / 08:29:04	Receipt No.:	AAKMO002-AX253-160831-000009
Asset Type:	Vehicle	Transaction Amount:	\$53,777.00
Asset ID:	SHD1123G	Channel:	AA Counterless - KOMOCO MOTORS PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20160831082904425472		

Vehicle No.:	SHD1123G
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:	31 Aug 2016
Original Registration Date:	31 Aug 2016
Vehicle Make:	HYUNDAI
Vehicle Model:	I30 GDH 1.6 TCI 5DR DCT
Chassis No.:	TMAD281UVHJ121487
Engine No.:	D4FBGZ105447
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1582
Power Rating:	-
Unladen Weight:	1496
Maximum Laden Weight:	1940
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2016
Open Market Value:	\$19,922.00
Minimum PARF Benefit:	\$7,453.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	31 Aug 2016 08:29:04
COE No.:	2016083101004690D
COE Expiry Date:	30 Aug 2024
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$41,215.00
Lifespan Expiry Date:	30 Aug 2024