(13 CT1 20008340/T1893

ASS. REC. BY: Taufilh ASSIGNMENT SHDIS47E Yr Regn: 2017, NOV Veh No: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD (TP) WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: Make: Insured / Std / NI / NA at Workshop m/s Colour T/Radio: Insured / Std / NI / NA Sp.Reading Insured: Eng/No: C/No: Policy No. Gen. Cond: Good | Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Sum Insured: Excess: Brake: Inorde / Jammed / Leaked / Burnt or (Client's Record) Make of Veh: Modi: Nil / 8/Rim / STD A/Rim Tyre Size: (Policy Condition) Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. Maxxis TOYO / YOKO or Bal. or Market Value: Front Rear Consistent?: Yes or No R/Bal. IDAC Accident Rport: R/Bal. L/Bal. Consistent?: Yes or No L/Bal. GIA / PR Seen: mm D.O.A. Est. Repairs: days Res.: Yes or No D.O.I. 3 Val.: Yes or No Lum Sum: Survey held at uxi Des. of Damages: Frt / Rear / O/S N/S/I U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: Lieu. The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Date/Time, File Pass to? : Preli. Report Days Of Repair: : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$ S+RS. SI : Interview (\$ Photos Personner: Tech. Invs (\$ Lung Sun/I.B.J. (;

# 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-19

# ESTIMATE REPAIR BILL FOR HYUNDAI 130 (A) REGN NO: SHD 1542 E

1 pc	Front n/s door		\$	1,723.60 66
1 pc	Rear n/s door		\$	2,017.48 FY
2 pcs	Front & rear n/s rim @ \$246.00		\$	492.00 act
1 pc	Front n/s fender		\$	514.02 66/
1000 0 <b>1</b> 1000 00000			\$	4,747.10
		Less 20%	\$	949.42
			\$	3,797.68
S/NETT			0.40	
		LKK Auto Consultants hence notify		VPS-PANNANA ANN ₽
1 set	Front bumper clips	the Repairer of the following:  To resurvey before/after spray painting	\$	48.00 ≺
1 set	Rear bumper clips	To display damaged part(s) during resurvey	\$	48.00 ℃
1 set	n/s door stickers	Parts prices are subject to confirmation  The decides are subject to confirmation  The decides are subject to confirmation.	\$	100.00
1 pc	Front n/s fender sticker	Third party survey is on a "Without Prejudice" basis  No ikegal modification(s) is allowed	\$	30.00
		Cupplementary item(s) must be resurveyed and	Ψ	30.00
	Cunder	is subject to final approval from Insurance Company		••
	Sundry	Acknowledged by Repairer	\$	50.00 20
	Towing Fee	Signature: Date:	\$	50.00
	To send for n/s wheel alignment		\$	80.00
	To dismantle / refit the inner garnishes, inner linings, inner		•	00.00
	trims, cushion seat, carpet, etc to facilitate repairs.  To dismantle and refit the inner components of the front n/s		\$	400.00
			Φ	180.00
	door & rear n/s door into nev	ner components of the front n/s		
			\$	300.00 €0
	To labour charge for dismantle and renew the accident			
	damaged parts. To heat/weld and cut rear n/s fender.			
	Including knock-out, straighten, repair, reshape and adjust of the rear bumper, rear n/s fender, n/s rocker panel garnish, etc.			700
			220	(
	To putty and spray painting on rear bumper, rear n/s fender, n/s rocker panel, rear n/s door, front n/s door, front bumper, front n/s fender		\$	1,200.00
				1100
	To apply rustproofing on the repaired and replaced panels.		\$	1,400.00
			\$	<i>#o</i> 150.00
			\$	
	( ALL THE REPAIR COSTS	ARE SUBJECTED TO GST)	<del></del>	7,433.68

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

# **Enquire Vehicle Registration Details**

Owner Particulars

NRIC/Passport/Company Cert

No.:

200304975H

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Owner ID Type:

Company

Owner Name:

PREMIER TAXIS PTE, LTD.

Registered Address:

23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443

Mailing Address:

Birth Date:

-

Vehicle Particulars

Vehicle No.:

SHD1542E

Previous Vehicle No.:

2200

Effective Date of Ownership:

08 Nov 2017

Original Regn Date:

08 Nov 2017

Registration Date:

08 Nov 2017

Year of Manufacture:

2017

Vehicle Type:

Public Transport Taxi (Motor Car)

Vehicle Scheme:

Taxi (Company)

Vehicle Attachment 1:

Air-Con (Taxi)

Vehicle Attachment 2:

...

Vehicle Attachment 3:

-

Vehicle Make:

HYUNDAI

I30 GDH 1.6 TCI 5DR DCT

Vehicle Model:

Silver

Primary Colour: Secondary Colour:

Passenger Capacity:

4

Chassis No.:

TMAD281UVHJ142103

Engine No.:

D4FBHZ173614

Engine Capacity/Power

Rating:

1582 cc/-

Maximum Power Output:

100.0 kW (134 bhp)

Propellant:

Diesel

Max Unladen Weight:

1496 kg

Maximum Laden Weight:

1940 kg

Open Market Value:

\$20,236.00

# 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 witholding 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 longement 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 a foresaic

## ACCIDENT STATEMENT

12 08/2020 09 06 Date Of Report Date Of Accident 12 08/2020 07:30

OPEN CARPARK DRIVEWAY @ JURONG EAST ST 21(BLK 221) **Exact Location Of Accident** 

Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD1542E

Insured/Policyholder

PREMIER TAXIS PTE LTD Name Of Registered Owner

Co Reg No 2XXXXX975H Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-62148880

Vehicle Particulars

**HYUNDAI** Manufacturer

130 (FD)-1.6 DOHC (A) Model

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?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

TAXI

THIRD PARTY Type Of Coverage

YES Fleet Policy

5107202885-01 Policy Number

Cover Note Number

Driver

Name of Driver SEAH CHOO LING

NRIC No SXXXX315A Date Of Birth 11/09/1955 Occupation OUTDOOR Date Of Driving Pass 27/02/2002

**Driving Experience** 18 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-94891485

Fax Number

Contact Number

**EMail Address** NOEMAIL Address

BLK 421 #02-253 PASIR RIS DRIVE 6

Postcode

1851

Was driver an employee of the Insured's Company

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

DRIZZLING

Road Surface

WET

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 YES

Was any other material or property damaged?

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

BOTH VEHICLES - NO 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 (80

Vehicle Registration Number

SKE3486E

Vehicle Make/Model/Colour

TOYOTA WISH

**Details Of Properties** 

VEH. B

Vehicle Category

PRIVATE CAR

Name of Driver

MURUGA DAS S/O RAMALINGUM

NRIC/Passport Number

SXXXX742A

Contact Number

93267090

Address

Postcode

Insurance Company Name

Nature Of Damage

DAMAGED ON THE FRONT PORTION

No. Of Passenger (Including Driver)

1

## Sketch Plan 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
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

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 insurers) 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 :
  - 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.

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Reporting Centre Personnel's Signature

NRIC/FIN No.

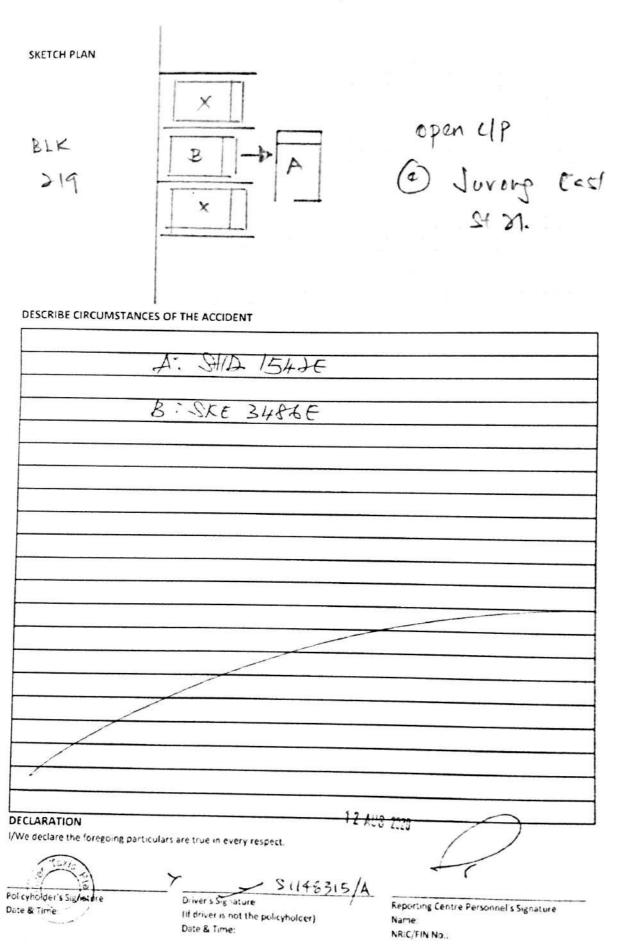
Policyholder's Signature Date & Time:

Driver's Signature (if driver is not the policyholder)

Date & Time

X S1148315/A X SHD 1542E

## Sketch Plan Pg. 2



#### Sketch Plan Pg. 3

## Describe Circumstance of the Accident.

ON 12/08/2020 @ 0730 HRS, I WAS DRIVING MY TAXI (SHD 1542 E) TRAVELLING ALONG THE OPEN CARPARK DRIVEWAY @ JURONG EAST ST 21 (NEARBY BLK 221).

WHILE I WAS HEADING TOWARDS THE EXIT GANTRY, SUDDENLY I FELT AN IMPACT FROM MY LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SKE 3486 E - TOYOTA WISH/WHITE ) WHICH WAS MOVING OFF FROM THE VERTICAL CARPARK LOT (ON MY LEFT) - FAILED TO KEEP FOR PROPER LOOK OUT, HAD COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

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

NO INJURY INVOLVED.

NO AMBULANCE AT SCENE.

NO PASSENGERS ON BOARD BOTH VEHICLES.

\*VIDEO FOOTAGE CAPTURED.

