

ASS REQ BY: Tanfer

REF:

TMI

TMI

## ASSIGNMENT

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

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHD1139L Yr Regn 2016 at

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

Truck / Trailer or

Make: Hyundai 130. c.c. 1582Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 247755 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: TMAID28/UVHJ/24435

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: 195/65/15R: 195/65/15

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

TOYO / YOKO or

Maxxis

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 75/8/2004Survey held at Premier Auto Taxi

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

Frt + S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation

S + RS \$

Private

Vehicle

Rep. Form:

Lump Sum:

# 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-Aug-20

## ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD 1139 L

1 pc	Front bumper	\$	811.11	da ✓
1 pc	Front bumper o/s side bracket	\$	32.51	X
1 pc	Front o/s fender	\$	514.02	bt ✓
1 pc	Front o/s fender inner shield	\$	176.72	X
1 pc	Front o/s rim	\$	246.00	ant ✓
		\$	1,780.36	
Less 20%		\$	356.07	
		\$	1,424.29	

### S/NETT

1 set	Front bumper clips	\$	48.00	3 only ✓
1 set	Front o/s fender inner shield clips	\$	28.00	X
1 pc	Front o/s fender sticker	\$	30.00	ne ✓
Sundry		\$	50.00	20 ant ✓
To check front o/s wheel alignment		\$	80.00	✓
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 to knock-out, straighten, repair, reshape of the etc		\$	550.00	300
To putty and spray painting on the front bumper, front o/s fender		\$	400.00	✓
To apply rustproofing on repaired panels		\$	120.00	30
Total		\$	2,910.29	

( ALL THE REPAIR COSTS ARE SUBJECTED TO GST )

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

Tanpin 97495749  
WP 25/8/20 24/11/20  
3 days  
L/S Resurvey after repair  
tanpin & kkk amb. m.

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 Insurance Company

Acknowledged by Repairer

Signature:

Date:

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport/Company Cert No.: 200304975H  
 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.: SHD1139L  
 Previous Vehicle No.: -  
 Effective Date of Ownership: 12 Oct 2016  
 Original Regn Date: 12 Oct 2016  
 Registration Date: 12 Oct 2016  
 Year of Manufacture: 2016  
 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  
 Vehicle Model: I30 GDH 1.6 TCI 5DR DCT  
 Primary Colour: Silver  
 Secondary Colour: -  
 Passenger Capacity: 4  
 Chassis No.: TMAD281UVHJ124435  
 Engine No.: D4FBGZ114398  
 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: \$20,110.00  
 PARF Eligibility: Yes  
 PARF Eligibility Expiry Date: 11 Oct 2024  
 Minimum PARF Benefit: \$7,592.00  
 No. of Transfers: 0  
 IU Label No.: -  
 COE No.: 2016101201004087H  
 COE Expiry Date: 11 Oct 2024  
 COE Category: A - Car (up to 1600cc & 97kW (130bhp))  
 COE Registration Category: A - Car (up to 1600cc & 97kW (130bhp))  
 Quota Premium (QP) / Prevailing Quota Premium: - / \$52,108.00  
 PQP Paid: **\$41,687.00**  
 QP (Regn Cat): -  
 OPC Cash Rebate Eligibility: No

## 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	25/08/2020 10:35
Date Of Accident	25/08/2020 09:45
Exact Location Of Accident	CTE - CITY INTO MOULMEIN ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1139L
<b>Insured/Policyholder</b>	
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	ZULKEFLI BIN ZAKARIA
NRIC No	SXXXX106I
Date Of Birth	29/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1986
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97270224
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 124 #04-4137  
BEDOK NORTH ROAD  
Postcode 460124  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE  
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: PAX IN THE REAR SEAT - CHINESE  
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

VEH. A - 1 PAX VEH. B - 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

Vehicle Registration Number SMH6074B  
Vehicle Make/Model/Colour BMW  
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)

1

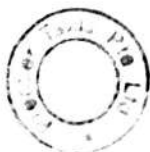
SKETCH PLAN

IMPORTANT NOTICE

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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.



25 AUG 2020

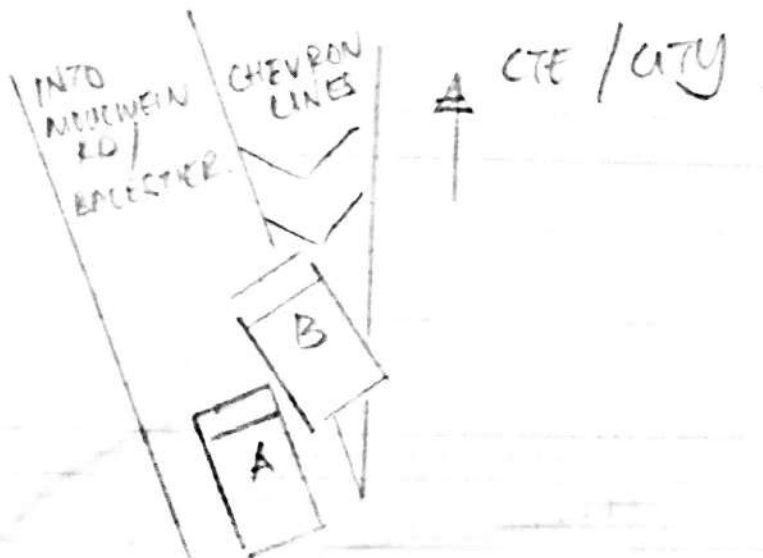
Policyholder's Signature  
Date & Time

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

851709106/I  
SHD1139L

Reporting Centre Personnel's Signature  
Name:  
NRIC/ID No

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A. 91B 1139C

B: SMH 607XB.

## DECLARATION

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

25 AUG 7029

Policyholder's Signature \_\_\_\_\_  
Date & Time \_\_\_\_\_

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

51709106/T

Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No



Describe Circumstance of the Accident.

ON 25/08/2020 @ 0945HRS, I WAS DRIVING MY TAXI (SHD 1139 L) TRAVELLING ALONG CTE - CITY INTO MOULMEIN ROAD EXIT WITH A PASSENGER ONBOARD.

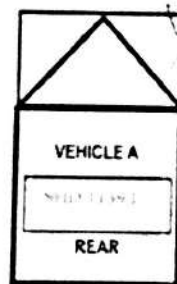
I SLOWED DOWN MY TAXI WHILE ON THE BEND - TURNING LEFT INTO MOULMEIN ROAD BUT SUDDENLY VEHICLE B ( SMH 604B - BMW ) WHICH FAILED TO KEEP FOR PROPER LOOK OUT, HAD ENCROACHED & COLLIDED ONTO THE RIGHT FRONT OF MY TAXI WHILE FILTERING - CROSSING OVER THE CHEVRON LINES.

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

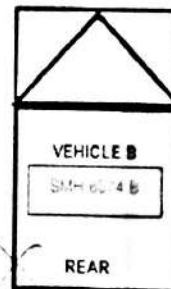
NO INJURY INVOLVED.  
NO AMBULANCE AT SCENE.  
NO PASSENGERS ONBOARD VEHICLE B.

\*VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE

 WA 51709106 / I

Driver's Signature & NRIC Number  
Tuesday, August 25, 2020 @ 10:41:53 AM

(attended by )