

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

9-Oct-20

Star (LKK) WIL PPL

2 days, 12/10/20, 3:00 pm, L/S

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6231 A

Ry AL SL

1 pc	End panel X R	\$	250.00
1 pc	End panel inner garnish X	\$	74.00
1 pc	Rear bumper / 00	\$	696.00
1 pc	Rear bumper lower cover / CUT	\$	206.00
2 pcs	Rear bumper side bracket o/s & n/s @ \$29.00 / OR	\$	58.00
1 pc	Rear bumper inner sponge ?	\$	114.00
1 pc	Rear bumper reinforcement ?	\$	607.00
2 pcs	Rear bumper stay o/s & n/s @ \$53.00 X	\$	108.00
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00 X	\$	36.00
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00 X	\$	36.00
2 pcs	Rear bumper reflector n/s & o/s @ \$46.00 X	\$	92.00
		\$	2,277.00
		Less 10%	\$ 227.70
		\$	2,049.30

S/NETT

1 set	Rear bumper clips / NK
1 set	End panel inner garnish clips X
1 set	Bootlid stickers X
1 set	Reverse sensor / SLAP
1 pc	Rear bumper protector / NK

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:

Sundry

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

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

To labour charge for dismantle and renew the accident damaged parts. To heat/weld, cut-off the the end panel, Including knock-out, straighten, repair, reshape and adjust of the the same

To putty and spray painting on bootlid lower garnish, rear bumper, end panel, boot lid

To apply rustproofing on the repaired and replaced panels.

\$	48.00	30
\$	30.00	X
\$	100.00	X
\$	280.00	200
\$	80.00	60
\$	50.00	20
\$	120.00	30
\$	180.00	20
\$	800.00	300
\$	800.00	300
\$	150.00	20
\$	4,687.30	

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 09/10/2020 13:17
Date Of Accident 08/10/2020 21:25
Exact Location Of Accident SLIP ROAD OF BRADELL ROAD INTO CTE/CITY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC6231A
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 KIA
Model OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident

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
Cover Note Number 5107202885-01

Driver

Name of Driver TAY TENG HOW
NRIC No SXXXX836J
Date Of Birth 03/05/1952
Occupation OUTDOOR
Date Of Driving Pass 20/05/1975
Driving Experience 45 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98762138
Fax Number
Contact Number
Email Address NOEMAIL

Address AST BLK 825 SENIA ROAD #07-140
 SINGAPORE
Postcode 670826
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRE R
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN 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 3
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) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name CLEMENTI N.P.C
Police Station Address ROAD: 20 CLEMENTI AVE 5, POSTCODE: 129858, COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

VEH. A - NO PAX VEH. B - 2 PAX (FEMALE ADULT + 1 CHILD) VEH. C - UNKNOWN PAX ONBOARD. 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMF5992T
Vehicle Make/Model/Colour MERCEDES BENZ
Details Of Properties VEH.B
Vehicle Category PRIVATE CAR
Name of Driver TEOH WONG HAR
NRIC/Passport Number SXXXX690G
Contact Number
Address
Postcode

Insurance Company Name

Nature Of Damage

DAMAGED ON FRONT & REAR

No. Of Passenger (Including Driver)

3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBB7124X

Vehicle Make/Model/Colour

VAN

Details Of Properties

VEH.C

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MALE CHINESE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DAMAGED ON FRONT PORTION

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHILD - PAX IN VEH. B

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMF5992T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

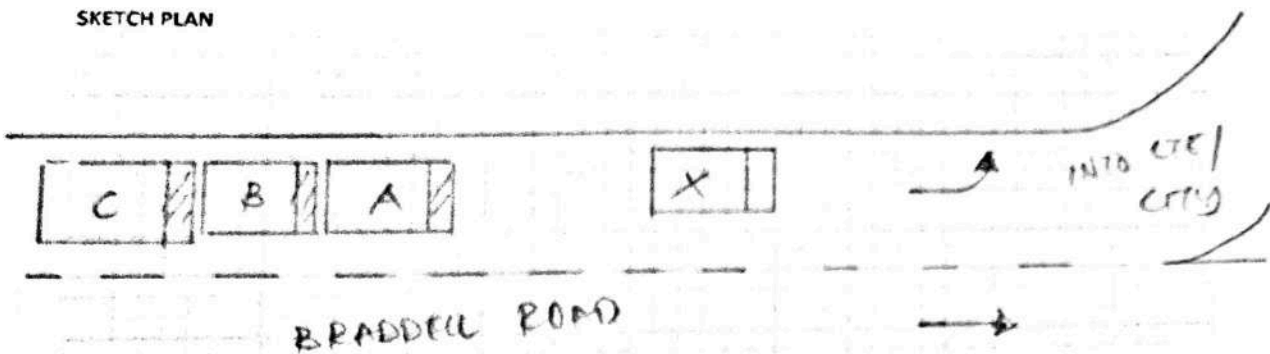
Driver's Signature
(If driver is not the policyholder)
Date & Time:

500958363

09 OCT 2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A = SHC 6231A

B = SMF 59927.

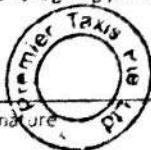
C = GBB 7124X.

* Refer to attach police report

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:

09 OCT 2020

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



**SINGAPORE
POLICE FORCE**



T/20201009/2000

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No. T/20201009/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2020 00:22		Vide Report No.:		Station Diary No.: 11	
Informant's Particulars					
Name of Informant: TAY TENG HOW			Address: APT BLK 625 SENJA ROAD #07-140 SINGAPORE 670625		
ID Type / ID No.: NRIC NO / S0095836J			Contact No.: Home/Office:		Mobile: 98762138
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 03/05/1952	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/10/2020 21:25	Type of Location: Straight Road
Location: BRADDELL ROAD				
Lamp Post Number: 49				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB7124X	Van				Slightly Damaged	0
SHC6231A	Car				Slightly Damaged	0
SMF5992T	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20201009/2000

Police Station Of Origin:
Clementi N P C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No: T/20201009/2000

CONTINUATION OF REPORT

Driver		ID No.		S0095836J	
Name	TAY TENG HOW		Contact No.	98762138	
Related Vehicle	SHC6231A (Car)		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Hospital/Clinic	NIL		Date Treatment	NIL	
			Date Discharge	NIL	
	No. of Days granted Medical Leave		NIL		Degree of Injury
			NIL		
Driver		ID No.		S8770690G	
Name	TEOH WONG HAR		Contact No.	NIL	
Related Vehicle	SMF5992T (Car)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NIL		Date Treatment	NIL	
			Date Discharge	NIL	
	No. of Days granted Medical Leave		NIL		Degree of Injury
			NIL		

Brief Details.

On 08/10/2020 at about 2125hrs, I was driving my taxi (silver-coloured Taxi, Kia Optima bearing the registration plate number SHC6231A) travelling along Bradell Road with the intention to turn in to CTE (towards City). Before my taxi approached the sliproad (to CTE), the car in front of me (bearing the registration plate number SMJ5512 (unable to remember last alphabet) suddenly stopped to alight his passenger.

I immediately jammed my brakes and managed to avoid any collision with the vehicle in front. However, I felt a collision from the rear and realised that a vehicle behind my taxi had hit onto my rear bumper. Upon making a check, I discovered that it was a chain collision between 3 cars.

After my vehicle stopped, one vehicle (black coloured Mercedes bearing the registration plate SMF5992T) collided onto the rear of my vehicle, and one van (silver-coloured bearing the registration plate number GBB7124X) also collided onto the rear of the Mercedes.

Traffic Police then came to scene and advised me to lodge a Traffic Accident Report. I wish to declare that at the point of time, at the scene, no one was injured. My vehicle sustained some scratches at the rear bumper. I am not too sure of the damages sustained on the other two vehicles. Traffic Police officer had also seized the memory card from my in-car camera.

I also wish to declare that at the point of time when the accident occurred, the road was wet as it was still drizzling. After leaving the scene, I got a call from a TP Officer who informed me that an Ambulance was activated to convey two passengers from the Mercedes (mother and baby) to make further checks on the said baby after the accident.



**SINGAPORE
POLICE FORCE**

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Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20201009/2000

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Report No. T/20201009/2000

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201009/2000

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No: T/20201009/2000

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:

D /
Sgt 2 AZUIN ASFERRA BINTE ANWAR

Signature Of Informant:

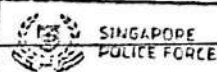
Signature Of Interpreter:
Not applicable

Date/Time:
09/10/2020 00:22

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	23 Oct 2014 / 09:02:51	Receipt No.:	AACCK001-AX239-141023-000007
Asset Type:	Vehicle	Transaction Amount:	\$63,308.00
Asset ID:	SHC6231A	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141023090251959579		

Vehicle No.:	SHC6231A
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:	23 Oct 2014
Original Registration Date:	23 Oct 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5542433
Engine No.:	D4FDEH311478
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:	2014
Open Market Value:	\$19,730.00
Minimum PARF Benefit:	\$7,338.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	23 Oct 2014 09:02:51
COE No.:	2014102301001307R
COE Expiry Date:	22 Oct 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,938.00
Lifespan Expiry Date:	22 Oct 2022
Owner ID Type:	Company