

ASS. REC. BY:

Steve

REF:

CC4/AIG20912935/P43

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No:

Claims No:

Sum Insured:

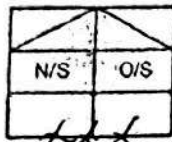
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHO 1439X

Yr Regn:

16/8/17

Type: M.Car / M.Cycle / Bus / Van / Lorry

Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai 130

c.c.

1582

Colour:

Silk

A/C:

Insured / Std / Nil / N

Sp. Reading

273/31

T/Radio: Insured / Std / Nil / N

Eng/No:

TAA0281UVHJ131317

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

185/60 R15

R:

BS (DUN) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

23/11/20

D.O.A.

24/11/20

Survey held at

Premier Automotive

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Prel. Report



: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp

(\$



: Interview

(\$



: Tech. Invs

(\$



: Weekend

(\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Pop. Formed:

ump Sum / L.E.I. /

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

23-Nov-20

ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD 1439 X

2 pcs	Rear n/s & o/s tail lamp @ \$321.30	X	\$	642.60
2 pcs	Rear n/s & o/s reflector @ \$295.10	X	\$	590.20
1 pc	End panel	X	\$	853.85
1 pc	Tailgate	OR	\$	2,292.30
1 pc	Tailgate lower garnish	OR	\$	362.61
1 pc	Tailgate lock	X	\$	216.48
1 pc	Tailgate striker	X	\$	36.50
2 pcs	Tailgate hinge @ \$28.50	X	\$	57.00
1 pc	Tailgate weatherstrip	X	\$	276.98
2 pcs	Rear license plate lamp @ \$18.60	X	\$	37.20
1 pc	Rear wiper motor	X	\$	261.40
1 pc	Rear wiper arm	X	\$	30.60
1 pc	Emblem I30	OR	\$	27.80
1 pc	Emblem CRDI	OR	\$	29.40
1 pc	Emblem Hyundai	OR	\$	29.40
1 pc	Rear bumper	OR	\$	811.11
1 pc	Rear bumper sponge	1	\$	79.20
1 pc	Rear bumper reinforcement	1	\$	815.64
1 pc	Rear bumper reinforcement centre	1	\$	79.20
2 pcs	Rear bumper n/s & o/s side bracket @ \$52.20	X	\$	104.40
2 pcs	Rear bumper n/s & o/s reflector @ \$107.50	X	\$	215.00
			\$	7,848.87
			Less 20%	\$ 1,569.77
				\$ 6,279.10

S/NETT

1 set	Rear bumper clips	OR	\$	48.00	30
1 set	Reverse sensor	SHD	\$	280.00	200
1 set	Tailgate stickers	OR	\$	100.00	80
1 set	Tailgate lower garnish clips	OR	\$	38.00	20
1 pc	Rear no. plate with casing	X	\$	50.00	
1 pc	Sealant	OR	\$	50.00	20

23-Nov-20

ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD 1439 X

Sundry	\$	50.00	20
To dismantle and replace reverse sensor and test system	\$	80.00	30
To replace/refit the new rear windscreen glass into new shell tailgate	\$	120.00	/
To dismantle and refit the inner components of the tailgate into new tailgate, test wiper motor and water etc	\$	120.00	30
To labour charge for dismantle and renew the accident damaged parts. To heat/cut and weld on the end panel. Including to knock-out, straighten, repair, reshape of the same, etc	\$	800.00	400
To putty and spray painting on the rear bumper, tailgate, tailgate lower garnish, end panel,	\$	800.00	400
To apply rustproofing on the repaired and replaced panels	\$	150.00	30
Total	\$	8,965.10	

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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

Stev (LKK) WA PR
24/11/20, 10.30am
3 dgs
L/S
My AL SL

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 modifications is allowed
- Supplementary (if any) must be resurveyed and is subject to final approval from Insurance Company

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 23/11/2020 13:36
Date Of Accident 23/11/2020 11:20
Exact Location Of Accident SLIP OF TOA PAYOH INTO PIE/CHANGI
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD1439X
Insured/Policyholder
Name Of Registered Owner PREMIER TAXIS PTE LTD
Co Reg No 2XXXXX975H
Email Address CLAIMS@PREMIERTAXI.COM
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 KOH ENG GUAN
NRIC No SXXXX289J
Date Of Birth 18/07/1955
Occupation OUTDOOR
Date Of Driving Pass 07/07/1976
Driving Experience 44 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96572719
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 215 #05-49
TAMPINES ST 23

Postcode 520215

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 - 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) 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 1

Vehicle Registration Number YP6605K

Vehicle Make/Model/Colour MITSUBISHI LORRY - C/O : SENG HUAT BEAN CURD PTE LTD

Details Of Properties VEH. B

Vehicle Category COMMERCIAL VEHICLE

Name of Driver ABDUL KADER HAJA MAIDEEN

NRIC/Passport Number

Contact Number BOSS : 94798586

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
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:

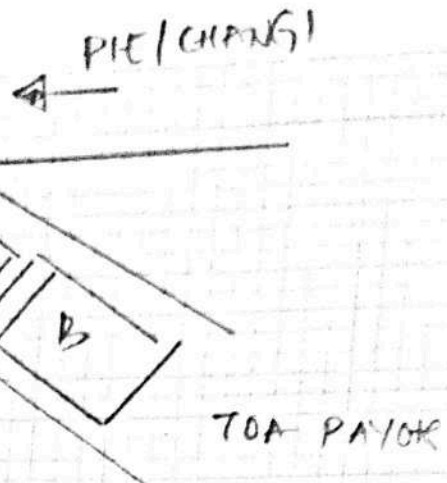
Driver's Signature
(If driver is not the policyholder)
Date & Time:

✓ 1196289 J

23 NOV 2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 439X

B: YP 6605K.

DECLARATION

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

23 NOV 2020

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. 3

Describe Circumstance of the Accident.

ON 23/11/2020 @ 11:20HRS, I WAS DRIVING MY TAXI (SHD 1439 X) TRAVELLING ALONG THE SLIP ROAD OF TOA PAYOH INTO PIE/CHANGI.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP - CHECKING FOR CLEARANCE FROM THE MAIN ROAD.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (YP 6605 K - MITSUBISHI LORRY) 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.

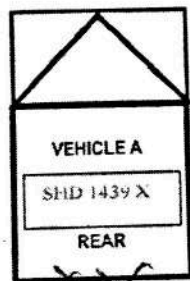
NO INJURY INVOLVED.

NO AMBULANCE AT SCENE.

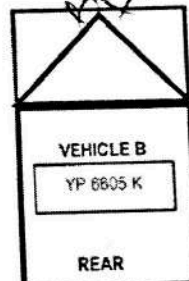
NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 1196289J

Driver's Signature & NRIC Number
Monday, November 23, 2020 @ 1:44:42 PM

(attended by )

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.: SHD1439X
 Previous Vehicle No.: -
 Effective Date of Ownership: 16 Aug 2017
 Original Regn Date: 16 Aug 2017
 Registration Date: 16 Aug 2017
 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.: TMAD281UVHJ131317
 Engine No.: D4FBGZ135678
 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: \$20,266.00
 PARF Eligibility: Yes
 PARF Eligibility Expiry Date: 15 Aug 2025
 Minimum PARF Benefit: \$7,723.00
 No. of Transfers: 0
 IU Label No.: 1050706755
 COE No.: 2017081601003891H
 COE Expiry Date: 15 Aug 2025
 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: - / \$45,400.00
 PQP Paid: \$36,320.00
 QP (Regn Cat): -
 OPC Cash Rebate Eligibility: No