

ASS. REC. BY:

Tanjkh

REF:

416

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / 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.

Bal. or Market Value:

IDAC Accident Rpt: 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

Gen

Veh No:

SHD/461E

Yr Regn:

2017 July

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

Truck / Trailer or

Make:

Hyundai 130

c.c

1582

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

496437

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

FMAD 2814645/29437

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 R15

R:

-

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

TOYO / YOKO or

Mavis

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

16/12/20

Survey held at

Premier taxi

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?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL ~

Report Format:

Lump Sum / L.B.H. (%)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

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

16-Dec-20

ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD 1461 E

1 pc	Tailgate lower garnish	\$	362.61 <i>Ry</i>
1 pc	Emblem CRDI	\$	29.40 <i>nei</i>
1 pc	Emblem Hyundai	\$	29.40 <i>X</i>
1 pc	Rear bumper	\$	811.11 <i>de</i>
1 pc	Rear bumper sponge	\$	79.20 <i>?</i>
1 pc	Rear bumper reinforcement	\$	815.64 <i>?</i>
1 pc	Rear bumper reinforcement centre	\$	79.20 <i>?</i>
2 pcs	Rear bumper n/s & o/s side bracket @ \$52.20	\$	104.40 <i>X</i>
2 pcs	Rear bumper n/s & o/s reflector	\$	107.50 <i>X</i>
		\$	2,418.46
		Less 35%	\$ 846.46
			\$ 1,572.00

S/NETT

1 set	Rear bumper clips	\$	48.00 <i>3000</i>
1 set	Reverse sensor	\$	280.00 <i>2000</i>
1 set	Tailgate stickers	\$	100.00 <i>600</i>
1 set	Tailgate lower garnish clips	\$	38.00 <i>X</i>
1 pc	Rear bumper protector	\$	80.00 <i>X</i>
		\$	50.00 <i>20</i>
		\$	80.00 <i>30</i>
		\$	120.00 <i>X</i>
		\$	650.00 <i>300</i>
		\$	600.00 <i>400</i>
		\$	150.00 <i>X</i>
		Total	\$ 3,768.00

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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:

Taufik 27495749
WP 16/12/20 @ 340
1/5 Resurvey after repair.
2-3 days
maxis taufik@lkkauto.com

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 Submission	16/12/2020 09:13 (SGT)
Date of Accident	16/12/2020 06:25 (SGT)
Exact Location of Accident	Tampines Street 32, Singapore
Additional Location Information	SLIP ROAD OF TAMPINES ST 32 INTO TAMPINES AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1461E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	2XXXXX975H
Email Address	CLAIMS@PREMIERTAXI.COM
Mobile Phone No	(Phone) +65-91550072
Alternative Phone No	(Office) +65-62148880

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I30
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5107202885-01
Cover Note Number	-



DRIVER

Name of Driver	LIM CHEE SIONG
NRIC No	SXXXX593I
Date Of Birth	15/06/1970
Occupation	Outdoor

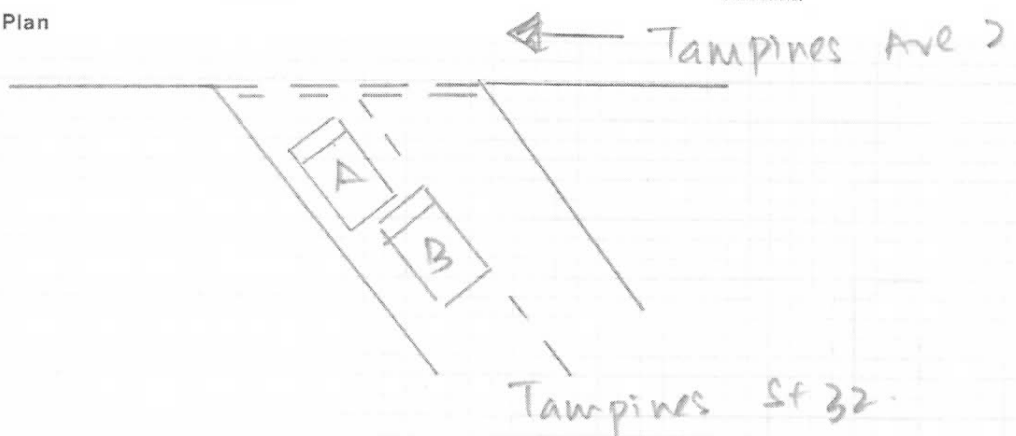
SKETCH PLAN

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 willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	16 DEC 2020	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to sketch

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

87020593/1

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

16 DEC 2011

[Signature]

Witnessed by Reporting Centre Personnel

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.: SHD1461E
 Previous Vehicle No.: -
 Effective Date of Ownership: 26 Jul 2017
 Original Regn Date: 26 Jul 2017
 Registration Date: 26 Jul 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.: TMAD281UVHJ129437
 Engine No.: D4FBGZ127648
 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: \$20,527.00
 PARF Eligibility: Yes
 PARF Eligibility Expiry Date: 25 Jul 2025
 Minimum PARF Benefit: \$7,942.00
 No. of Transfers: 0
 IU Label No.: 1050706614
 COE No.: 2017072601003993W
 COE Expiry Date: 25 Jul 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: - / \$48,200.00
 PQP Paid: \$38,560.00
 QP (Regn Cat): -
 OPC Cash Rebate Eligibility: No