

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

6-Nov-20

ESTIMATE REPAIR BILL FOR HYUNDAI I30 (A) REGN NO: SHD 1469 J

1 pc	o/s mirror Assy	\$	742.49	art ✓
1 pc	Support panel	\$	1,243.60	X
1 pc	Washer tank	\$	51.40	X
1 pc	Front bumper o/s fog lamp cover	\$	25.00	X
1 pc	Front n/s fog lamp	\$	840.90	X
1 pc	Front o/s corner bracket	\$	92.60	X
1 pc	Front o/s head lamp	\$	1,531.57	X
1 pc	Front bumper → photo	\$	811.11	de ✓
1 pc	Front bumper emblem	\$	27.80	X
1 pc	Front bumper o/s side bracket	\$	32.51	ner ✓
1 pc	Front bumper o/s upper bracket	\$	92.60	X
1 pc	Front bumper o/s support bracket	\$	37.01	X
		\$	4,786.10	
		Less 20%	\$	957.22
			\$	3,828.88

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:

S/NETT

1 set	Front bumper clips	\$	48.00	300 ✓
1 pc	Front no. plate with casing	\$	40.00	X
1 pc	Front o/s fender sticker	\$	30.00	ner ✓
1 set	Front o/s fender inner shield clips	\$	28.00	X
Sundry		\$	50.00	20
To check wheel alignment		\$	80.00	✓
To focus/check front n/s & o/s head lamps		\$	60.00	X
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 knock-out, straighten, repair, reshape and adjust of the same		\$	600.00	300
To putty and spray painting on front bumper, front o/s fender		\$	400.00	✓
To apply rustproofing on the repaired and replaced panels.		\$	80.00	X
		\$	5,424.88	

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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	17/12/2020 11:14 (SGT)
Date of Accident	16/12/2020 15:30 (SGT)
Exact Location of Accident	Marina Boulevard, Singapore
Additional Location Information	MARINA BOULEVARD // BAYFRONT AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1469J
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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	MUHAMMAD FAIZAL BIN SUKI
NRIC No	SXXXX464C
Date Of Birth	25/01/1979
Occupation	Outdoor

Date Of Driving Pass	23/01/2009
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89057394
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 165A #05-323
Address complement	TECK WHYE CRESCENT
Postcode	681165
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX IN THE REAR SEAT - MALAY
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

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 1

Vehicle Registration Number	SLF7003Y
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Vehicle Manufacturer	Toyota
Vehicle Model	Axio
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TAN JIAN QIANG
NRIC No	SXXXX275B
Contact Number	(Phone) +65-94873774
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMAD FAIZAL BIN SUKI - DRIVER OF VEH. A
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON NO AMBULANCE AT SCENE SHD1469J
Injured person in which vehicle?	SHD1469J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
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 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' 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.



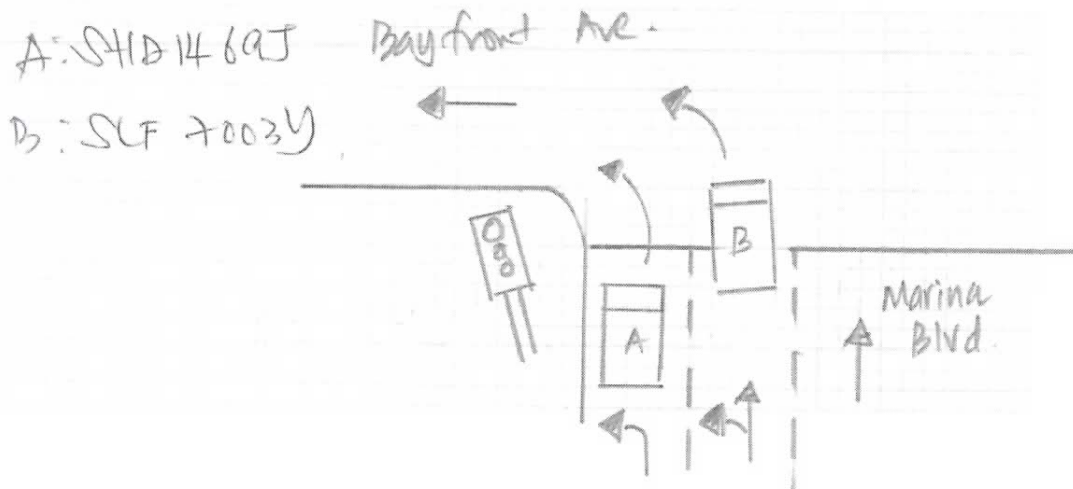
[Signature] 17 DEC 2020

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

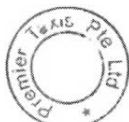


Describe Circumstances of the Accident

refer to attach police report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 27/02/2020
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20201216/2107

1 of 4

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20201216/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2020 17:23	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars

Name of Informant: MUHAMAD FAIZAL BIN SUKI			Address: APT BLK 165A TECK WHYE CRESCENT #05-323 SINGAPORE 681165	
ID Type / ID No.: NRIC NO / S7902464C			Contact No.:	Mobile: 89057394
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 41	Date of Birth: 25/01/1979	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: TAXI-DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/12/2020 15:30	Type of Location: Bend
Location: MARINA BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1469J	Car				Slightly Damaged	1
SLF7003Y	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201216/2107

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Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20201216/2107

CONTINUATION OF REPORT

Driver			
Name	MUHAMAD FAIZAL BIN SUKI	ID No.	S7902464C
Related Vehicle	SHD1469J (Car)	Contact No.	89057394
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN JIAN QIANG (CHEN JIAN QIANG)	ID No.	S8416275B
Related Vehicle	SLF7003Y (Car)	Contact No.	94873774
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/12/2020, at about 1530 hours. I was driving taxi SHD1469J) with 01 passenger along Marina Boulevard Rd. I then intended to turn left into Bayfront Ave. I was positioned on the left most lane, and there was another vehicle (SLF7003Y) was travelling on my right side. I then intended to turn into Bayfront Ave. I signaled on my left and started to turn left. The other vehicle which was also turning left, drove quite close, and eventually side swiped me.

I was positioned in front of the other vehicle after the accident. Both the driver of the other vehicle and myself came to a complete stop and came out of our car to assess the damage and exchange particulars. When I assessed, my vehicle's front right side of the bumper had scratches. The other vehicle damages were, scratches, on the left side of the bumper, scratches on the front left rim cover, dent front left fender and broken left side mirror.

When the other vehicle driver came out, it was a Chinese male. He then then blamed me for the accident. I then tried to explain how the accident occur, but he was not understanding. I then informed him that I will lodge a police report.

I would like to add that no one was Injured during this accident.

I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20201216/2107

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20201216/2107

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201216/2107

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20201216/2107

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: A / Sgt 2 THEVANAND SHIVASANKER	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/12/2020 17:23
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	

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.: SHD1469J
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.: TMAD281UVHJ129432
Engine No.: D4FBGZ127645
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.: 1050706466
COE No.: 2017072601003998R
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

