LKK Auto Cons that's hence notify ALERYALITOMOTIVE SERVICES PTE LTD • To display damaged part(s) during resurces CHANGI SOUTH AVENUE 2 #01-02 2/1/45. 6400is 17/5/21. Parts prices are subject to confirmation SINGAPORE 486443 • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed: 65446676 / 65446689 FAX: 62141511 • Supplementary item(s) (a) be the Company of the subject to final approval from Insurance Company GST REG:200707743D 17-May-21 Acknowledged by Repairer Signature: ESTIMATE REPAIR BILL FOR HYUNDAI ION Q REGN NO: SHD 1705 C 1 pc Rear bumper / \$ 459.40

	real bumper / 2	•	459.40	
1 pc	Rear bumper reinforcement	\$	294.80	
2 pcs	Rear bumper reinforcement n/s & o/s lower bracket @ \$10.00 💢	\$	30.00	
1 pc	Rear bumper reinforcement centre lower bracket	, \$	15.00	
2 pcs	Rear bumper n/s & o/s stay @ \$138.10 💢	\$	276.20	
2 pcs	Rear bumper n/s & o/s side bracket @ \$33.10	\$	66.20	
1 pc	Rear bumper lower moulding centre	\$	216.50	
1 pc	Rear bumper lip X	\$	47.50	
1 pc	Rear bumper cap hook X	\$	9.10	
1 pc	Rear bumper n/s & o/s reflector @ \$31.90 X	\$	63.80	_
		\$	1,478.50	_
	Less 20%	_\$	295.70	_
S/N		\$	1,182.80	
<u>S/N</u>	c M-1			
1 set	Rear bumper clips Reverse sensor	\$	48.00	
1 set	Reverse sensor ×	\$	280.00	
1 pc	Reverse sensor Rear number plate with casing .	\$	50.00	
1 pc	Rear bumper top protector	\$	80.00	
	Sundry X NN	\$	50.00	
	To check wiring			
	· ·	\$	50.00	\times $_{/}$
	To dismantle / replace reverse sensor to new bumper and reset to the same	\$	\$ 50.00 \$ 80.00 \$ 50.00 \$ 50.00	EX
	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 end panel etc	\$	650.00 ´	764
	To putty and spray painting on rear bumper, end panel, rear bumper lower cover (Black)	\$	600.00	
	To apply rustproofing on the repaired and replaced panels.	\$	80.00	Van
		\$	3,370.80	ヘノルし
		Ψ	3,370.00	1

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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

J1 / PREMIER AUTOMOTIVE SERVICES PTE LTD 'E & TIME: 06/05/2021 16:43 (SGT) ¿D BY: ARINAWATI BINTE AMAT 4: 1 (06/05/2021 16:43 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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 falsa 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 06/05/2021 16:43 (SGT) Date of Accident 06/05/2021 15:10 (SGT) **Exact Location of Accident** Kim Keat Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SHD1705C

No - Claiming third party

Taxi

Auto

160

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

Vehicle Registration Number

Manufacturer Hyundai Model loniq Variant Exact purpose for which vehicle was being used at time of **Employment**

accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdParty Fleet Policy Yes Policy Number 5107202885-02

DRIVER

Name of Driver CHAN CHEE KHEONG SXXXX272C

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number

Email Address Address Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address

GBK3359P Nissan

18/02/1950

27/09/1977

BLK 15 #02-77

JOO SENG ROAD

43 YEARS AND 8 MONTHS

CLAIMS@PREMIERTAXI.COM

(Phone) +65-96708979

Collision - Head to Rear

Outdoor

Male

1336

Hirer

Clear

Dry

No

No

Yes

1

No

No

No

No

Commercial vehicle MALE MALAY (Phone) +65-93801405

Accident report SP0I21560001

Page 2 of 10

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Company Name	
Of Damage	Andready or the constitution of the constituti
of property damaged in accid	lent
of Passenger (Including Driver)	The state of the s
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Assident report CD0121E6000

Dog 2 of 10

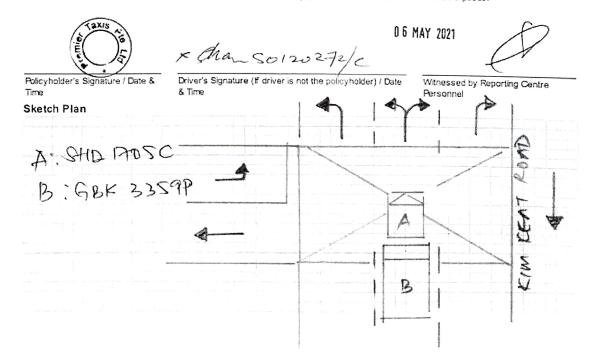
SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 forw arded 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)

l 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;
- (w) 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 hsurers' 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,



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Declaration

IWe declare the foregoing particulars are true in every respect.



4 da 5012027/c

0 6 MAY 2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Describe Circumstance of the Accident.

ON 06.05.2021 @1510HRS, I WAS DRIVING MY TAXI (SHD 1705 C), ALONG KIM KEAT ROAD – ON THE MIDDLE LANE (BEFORE THE YELLOW BOX).

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED - DUE TO RED TRAFFIC LIGHT.

WAS
WHEN TRAFFIC LIGHT TURNED GREEN ON MY ROUTE FAVOUR & AS I MOVING OFF
AHEAD. SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (GBK 3359 P - NISSAN VAN) 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 PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.

