

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before 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

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02  
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511

GO REG: 200707743D GST REG: 200707743D

17-May-21  
Acknowledged by Repairer  
Signature:

## ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6495 E

1 pc	Bootlid weatherstrip X		\$	96.00
1 pc	Bootlid lower garnish X		\$	290.00
1 pc	Bootlid CRDi X		\$	29.00
1 pc	Bootlid emblem X		\$	27.00
1 pc	End panel inner garnish X		\$	74.00
1 pc	Rear bumper	Re	\$	696.00
1 pc	Rear bumper lower cover	Ant	\$	206.00
1 pc	Rear bumper inner sponge	?	\$	114.00
2 pcs	Rear bumper side bracket o/s & n/s @ \$29.00	X NN	\$	58.00
1 pc	Rear bumper reinforcement	?	\$	607.00
2 pcs	Rear bumper stay o/s & n/s @ \$53.00	X NN	\$	108.00
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00	?	\$	36.00
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00	?	\$	36.00
2 pcs	Rear bumper n/s & o/s reflector @ \$46.00	X NN	\$	92.00
				<hr/>
				\$ 2,469.00
				<hr/>
				Less 10%
				\$ 246.90
				<hr/>
				\$ 2,222.10

### S/NETT

1 set	Rear bumper clips	McC	\$	48.00
1 set	Reverse sensor	X NN	\$	200.00
1 set	Bootlid lower garnish clips	McC	\$	38.00
1 set	Bootlid stickers	X	\$	100.00
1 pc	Rear no. plate with casing	X	\$	50.00
1 set	End panel inner garnish clips	X NN	\$	38.00
				<hr/>
				Sundry X NN
				\$ 50.00

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

\$ 120.00 40

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

\$ 180.00 X NN

To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the end panel, etc

\$ 850.00 200

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

\$ 600.00 200

To apply rustproofing on the repaired and replaced panels.

\$ 80.00 X NN

---

\$ 4,576.10

( ALL THE REPAIR COSTS ARE SUBJECTED TO GST )  
THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE  
ANY UNFORESEEN DAMAGES.

2 Day?  
4/9  
After part photos  
Eng Qiang  
17/5/21



# 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	14/05/2021 16:37 (SGT)
Date of Accident	13/05/2021 19:17 (SGT)
Exact Location of Accident	Near 736 Geylang Rd, Singapore 389647
Additional Location Information	Along Geylang/Paya Lebar/Gulliemard Road - traffic light junction
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6495E
-----------------------------	----------

### 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) +65-98532557
Alternative Phone No	(Office) +65-62148880

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Optima
Variant	-
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 - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1599

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	TEO SOCK HWA
NRIC No	SXXXX811Z

Date Of Birth	14/02/1961
Occupation	Outdoor
Date Of Driving Pass	04/07/1983
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98532557
Alt. Phone Number	-
Email Address	claims@premiertaxi.com
Address	BLK 79 DAWSON ROAD, #22-63
Address complement	-
Postcode	141079
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	Collision - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	MALE CHINESE
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to the attached statement

#### 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	SMX7687S
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Outlander
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Driver	
Number	
Complement	
Gender	
Insurance Company Name	
Amount Of Damage	
Amount of property damaged in accident	
Number Of Passenger (Including Driver)	1

MALE CHINESE



# 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 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

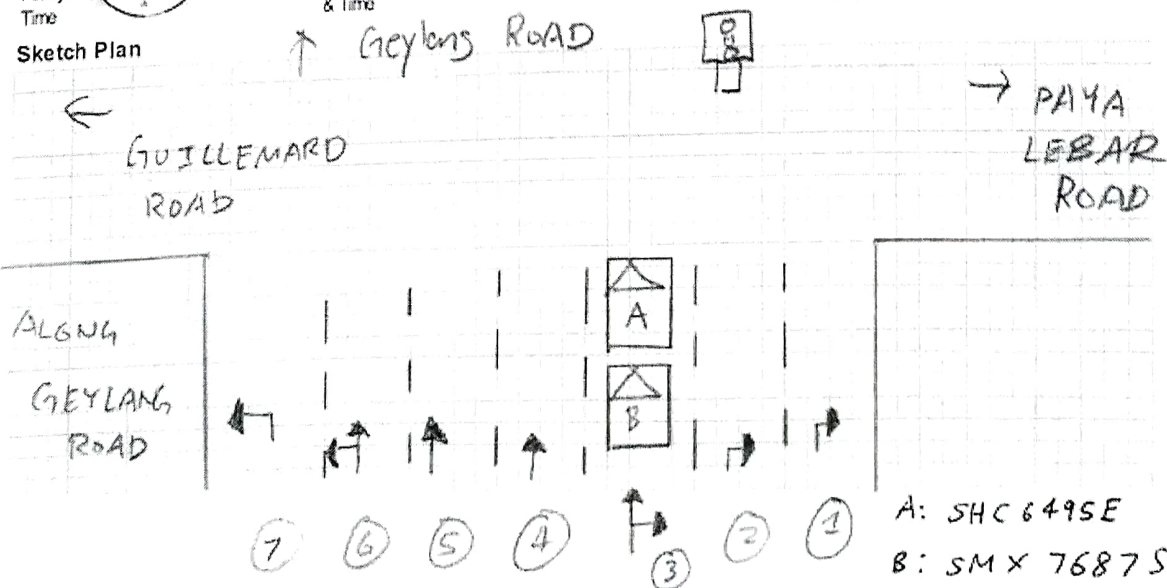
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

Refer to the  
attached statement

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

Ans 15/4/2021

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

X

on 14/05/2021

Witnessed by Reporting Centre  
Personnel

Describe Circumstance of the Accident.

ON 13/05/2021 @ 19:17 HRS, I WAS DRIVING MY TAXI ( SHC 6495 E – KIA OPTIMA/SILVERCAB ) TRAVELLING ALONG GEYLANG ROAD/PAYA LEBAR ROAD – TRAFFIC LIGHT JUNCTION, IN LANE 3, WITH ONE MALE CHINESE PASSENGER ONBOARD.

TRAFFIC LIGHT WAS GREEN AND I WAS ABOUT TO MOVE OFF TO TURN RIGHT TOWARDS PAYA LEBAR ROAD. WHILE STATIONARY, I SUDDENLY FELT AN IMPACT FROM THE REAR. I THEN REALIZED THAT VEHICLE B ( SMX 7687 S – MITSUBISHI OUTLANDER ) TRAVELLING BEHIND ME, LANE 3, HAD FAILED TO KEEP A PROPER LOOKOUT, HITTING ONTO MY TAXI'S REAR PORTION.

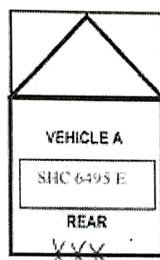
DUE TO THE IMPACT, MY TAXI SUSTAINED DAMAGES ON THE REAR PORTION. I WAS UNAWARE OF ANY DAMAGES TO VEHICLE B.

NO INJURY INVOLVED.  
NO PASSENGERS ONBOARD VEHICLE B.

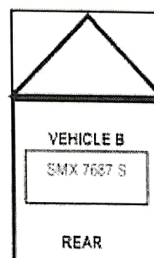
NO AMBULANCE AT SCENE.

\* VIDEO FOOTAGE  
CAPTURED


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE

 S1514811/z X

Driver's Signature & NRIC Number  
Friday, May 14, 2021 @ 2:53:50 PM

( attended by )