

REC BY: Thuan | CC3/CTI 21/06.80/143

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
QD/TP/WS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No: _____
at Workshop m/e: _____
at: _____
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
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 4 days Res.: Yes or No
Lum Sum: _____ % J Val.: Yes or No
CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD16794 ✓ Yr Regn: 13/1/21
Type: M/Car / M/Cycle / Bus / Van / Lorry / (X) Prime Mover /
Truck / Trailer or
Make: Hyundai iony cc 1580
Colour: Silver NC: Insured / Std / NI / NA
Sp. Reading: 56588 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: HMH1C8STCVLU240859
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: NI / (S/Rim) STD A/Rim or
Tyro Size: F: 195/65R15
R: 195/65R15
BS / DUN / EXNOVA / GY / FS / LIZA / (M) / 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. 18/10/21 D.O.I. 18/10/21 1330
Survey held at Primier
Des. of Damages: (Fit) Rear / (S) N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	rebate: 3/235

Date/Time File Pass to? ☐ : Proff. Report
1) ☐ : Final Report
Date/Time File Return to?

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Inve (\$) ☐ : Wash and

Survey Fee: _____
Transportation: _____
S + RS. SI _____
Fines _____
Others _____
Total _____

Request Form:

Very Sincere

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

18-Oct-21

ESTIMATE REPAIR BILL FOR HYUNDAI IONIQ REGN NO: SHD 1679 U

		\$	2,253.80/BT
1 pc	Bonnet	\$	230.10XSVC
1 pc	Bonnet insulator	\$	127.30XSVC
1 pc	Bonnet lock	\$	237.40XSVC
2 pcs	Bonnet hinge o/s & n/s @\$118.70	\$	61.30XSVC
1 pc	Bonnet weatherstrip	\$	430.90/Cut
1 pc	Front bumper	\$	108.50XSVC
1 pc	Front bumper centre grille cover - Upper	\$	28.00XSVC
1 pc	Front bumper emblem "HYUNDAI"	\$	12.00/nec
1 pc	Front bumper o/s side upper bracket	\$	78.60/nec
2 pcs	Front bumper o/s & n/s side retainer @ \$39.30	\$	642.50XSVC
1 pc	Front bumper o/s fog lamp @ \$642.50	\$	186.00/Scr 93
1 pc	Front bumper o/s fog lamp moulding @ \$93.00	\$	1,198.80/cra
1 pc	Front o/s headlamp	\$	490.70/Def
1 pc	Front o/s fender	\$	114.70/DIS
1 pc	Front o/s fender inner shield	\$	15.30XSVC
1 pc	Front n/s & o/s fender garnish- Delta @\$15.30	\$	26.20/nec
1 pc	Front n/s fender emblem "Blue-drive"	\$	105.00?
1 pc	Front n/s & o/s absorber mounting@\$105.00	\$	153.00?
1 pc	Front n/s & o/s wheelhub assy@\$153.00	\$	34.00?
1 pc	Front n/s & o/s absorber bearing @\$34.00	\$	439.00?
1 pc	Front n/s & o/s lower arm@\$439.00	\$	330.00?
1 pc	Front n/s & o/s absorber@\$330.00	\$	61.00?
1 pc	Front n/s & o/s tie rod end@\$61.00	\$	547.00?
1 pc	Front n/s & o/s knuckle arm@\$547.00	\$	109.00?
1 pc	Front n/s & o/s knuckle arm bearing @\$109.00	\$	246.00?
1 pc	Front n/s & o/s rim@\$246.00	\$	86.00?
1 pc	Front n/s & o/s stablizer link@\$86.00	\$	116.00/Scr
1 pc	Front o/s wheel cover	\$	8,468.10
		\$	1,693.62
	Less 20%	\$	6,774.48

S/NETT

1 pc	Front bumper clips	\$	48.00	free
1 set	Front o/s fender inner shield clips	\$	28.00	free
	Sundry	\$	50.00	X 500
	To check wiring on headlamp	\$	50.00	30
	To adjust & focus front head lamps	\$	80.00	30
	To check for front o/s wheel alignment	\$	80.00	60
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the same.	\$	800.00	540
	To putty and spray painting on front bumper, front o/s fender, bonnet, front door RH	\$	900.00	600 80
	To apply rustproofing on the repaired and replaced panels.	\$	80.00	30
	door sticker RH	\$	8,890.48	
		\$	50	

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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

Thavan@Lkhau to .lom
82235769

18/10/21 1330

P/P bfr paint photo

Uclays w/p

- 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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		Company
Owner ID Type:		975H
Owner ID:		
Vehicle Details		SHD1679U
Vehicle No.:		No
Vehicle to be Exported:		28 Oct 2021
Intended Deregistration Date:		HYUNDAI
Vehicle Make:		AE IONIQ HEV FL 1.6 DCT
Vehicle Model:		Silver
Primary Colour:		2020
Manufacturing Year:		G4LELU040547
Engine No.:		KMHC851CVLU240859
Chassis No.:		103.6 kW (138 bhp)
Maximum Power Output:		\$24,646.00
Open Market Value:		13 Jan 2021
Original Registration Date:		13 Jan 2021
First Registration Date:		0
Transfer Count:		\$5,000.00
Actual ARF Paid:		
Intended PARF Rebate Details		Yes
PARF Eligibility:		12 Jan 2029
PARF Eligibility Expiry Date:		\$3,750.00
PARF Rebate Amount:		
Intended COE Rebate Details		12 Jan 2029
COE Expiry Date:		A - Car up to 1600cc & 97kW (130bhp)
COE Category:		8
COE Period(Years):		\$30,510.00
PQP Paid:		\$27,485.00
COE Rebate Amount:		\$31,235.00
Total Rebate Amount:		
Message		
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.		
The information contained herein is correct as at 28 Oct 2021		

OK

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	18/10/2021 09:06 (SGT)
Date of Accident	18/10/2021 07:35 (SGT)
Exact Location of Accident	Yishun Ring Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1679U
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	Ioniq
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
Transmission	Auto
CC	1600

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	DEVANATHAN SELVARAJOO
NRIC No	SXXXX097D

Date Of Birth 05/07/1964
Occupation Outdoor
Date Of Driving Pass 12/08/2005
Driving experience 16 YEARS AND 2 MONTHS
Gender Male
Mobile Number (Phone) +65-96131441
Alt. Phone Number -
Email Address CLAIMS@PREMIERTAXI.COM
Address BLK 722, #04-279
Address complement YISHUN ST 71
Postcode 760722
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 - Major/Minor Rd
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 vehicle 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 - CHINESE (RYDE BOOKING)
Gender Female

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 ATTACH

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 GBD4635Y
Vehicle Manufacturer Nissan
Vehicle Model -
Vehicle Variant -
Vehicle Colour White
Vehicle Category Commercial vehicle

Name of Driver	MR NG
Contact Number	(Phone) +65-92793368
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	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 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.



18 OCT 2021

Policyholder's Signature / Date & Time

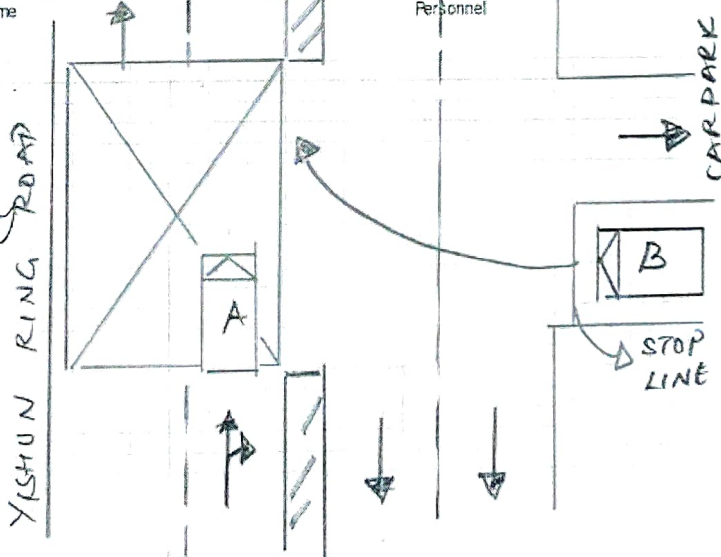
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SHD 1679U

B: GBD 4635Y

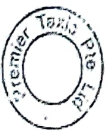


Describe Circumstances of the Accident

life to effect.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 51657097/11

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

18 OCT 2021

[Signature]

Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident.

ON 18/10/2021 @07:35HRS, I WAS DRIVING MY TAXI (SHD 1679 U) TRAVELLING ALONG YISHUN RING ROAD WITH A PASSENGER ONBOARD - ON THE RIGHT LANE.

WHILE I WAS MOVING STRAIGHT AHEAD - SUDDENLY VEHICLE B (GBD 4635 Y - NISSAN VAN/WHITE) WHICH WAS EXITING FROM A CARPARK DRIVEWAY (ON MY RIGHT) - FAILED TO KEEP FOR PROPER LOOK OUT, FAILED TO STOP AT THE STOP LINE - HAD ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY WHILE MAKING HIS RIGHT TURN INTO YISHUN RING ROAD.

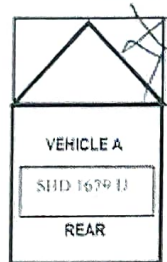
AS SUCH, THE FRONT LEFT OF VEHICLE B COLLIDED ONTO THE FRONT RIGHT OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE FRONT RIGHT PORTION. VEHICLE B HAD DAMAGES ON THE FRONT LEFT PORTION.

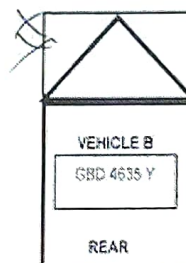
NO INJURY INVOLVED. NO AMBULANCE AT SCENE.
NO PASSENGERS ONBOARD VEHICLE B.

* VIDEO FOOTAGE CAPTURED


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 5165709710.

Driver's Signature & NRIC Number
Monday, October 18, 2021 @ 8:49:32 AM

(attended by )

Vehicle Registration Details

Vehicle No. SHD1679U	Make/ Model HYUNDAI/AE IONIQ HEV FL 1.6 DCT	Vehicle Scheme Revised Taxi (Company)
Current Propellant Petrol-Electric	Chassis No. KMHC851CVLU240859	Vehicle Type Public Transport Taxi (Motor Car)

Owner's Details

Owner Name:

PREMIER TAXIS PTE. LTD.

Owner ID Type:

Company

NRIC/Passport/Company Cert No.:

200304975H

Registered Address

**23 CHANGI SOUTH AVENUE 2 #04-03
SINGAPORE 486443**

Mailing Address:

-

Birth Date

-

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

13 Jan 2021

Original Registration Date:

13 Jan 2021

Registration Date:

13 Jan 2021

No. of Transfers:

0

IU Label No.:

1050452093

Vehicle Specifications

Engine No.:

G4LELU040547

Chassis No.:

KMHC851CVLU240859

Year of Manufacture:

2020

Motor No.:

PM04LAM369DJ