

(08/11/13) wef

ASS. REC. BY: *[Signature]*

REF:

CCY/AM21010790/Rigs3

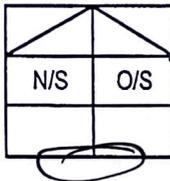
9754

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SHD 10544
 at Workshop m/s Premier
 of 23, CHAN / SOUTH AVE 2 #01-02
 Insured: AK
 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 Rport: _____ 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

Veh No: SHD 10544 Yr Regn: 2016 / JAN
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /
 Truck / Trailer or _____
 Make: KIA OPTIMA F7(CA) DIESEL c.c. 1685
 Colour: GREEN A/C: Insured / Std / NI / NA
 Sp. Reading: 566305 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNACM414MF5658870
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205/60R16
 R: ?
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or HANKOOK
 Front: _____ Rear: _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 20/10/21 D.O.I. 25/10/21
 Survey held at PREMIER
 Des. of Damages: Frt. / Rear / O/S / N/S / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1) Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

2) _____

Transportation: _____

Add Fee: : Site Insp (\$ _____)

) : ___S + RS, ___SI

: Interview (\$ _____)

) Photos

: Tech. Invs (\$ _____)

) Others

: Weekend (\$ _____)

)

Report Format :

Lump Sum / I.B.I: (\$ _____)



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

20-Oct-21

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1054 Y

1 pc	Bootlid CRDi X		\$	29.00
1 pc	Boot lid lower garnish X		\$	290.00
1 pc	Rear bumper de/		\$	696.00
1 pc	Rear bumper lower cover sca/		\$	206.00
2 pcs	Rear bumper side bracket o/s & n/s @ \$29.00 X		\$	58.00
1 pc	Rear bumper inner sponge ?		\$	114.00
1 pc	Rear bumper reinforcement ?		\$	607.00
2 pcs	Rear bumper stay o/s & n/s @ \$53.00 X		\$	108.00
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00 ?		\$	36.00
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00 ?		\$	36.00
			\$	2,180.00
		Less 10%	\$	218.00
			\$	1,962.00

Handwritten notes:
 Casual
 Hp 90010068
 2 days
 4/3
 25/10/21
 @ 1510
 Resy after repair

S/NETT

1 set	Rear bumper clips ra/		\$	48.00 30
1 set	Bootlid lower garnish clips X		\$	60.00 X
1 set	Bootlid stickers X		\$	100.00 X
1 set	Reverse sensor sca/		\$	280.00 200
	Sundry		\$	50.00 X
	To dismantle / replace reverse sensor to new bumper and reset to the same		\$	60.00 40
	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 etc		\$	650.00 200
	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.		\$	100.00 X
			\$	4,090.00

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:

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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

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 20/10/2021 09:36 (SGT)
Date of Accident 20/10/2021 07:30 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE - AYE (NEARBY BT TIMAH EXIT)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD1054Y

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 Kia
Model Optima
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 1700

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 CONCEICAO STANLEY BERTRAM @MOHD SHARIFF BIN ABDULLAH

.....	Private car
.....	JOHN TEH
.....	(Phone) +65-97844058
.....	-
.....	-
.....	-
.....	VEH. B
.....	-
.....	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC3155Y
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MALE CHINESE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	VEH. C
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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)

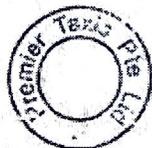
I understand, acknowledge, agree and consent that:

(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] 20 OCT 2021

20 OCT 2021

[Signature]

Policyholder's Signature / Date & Time

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

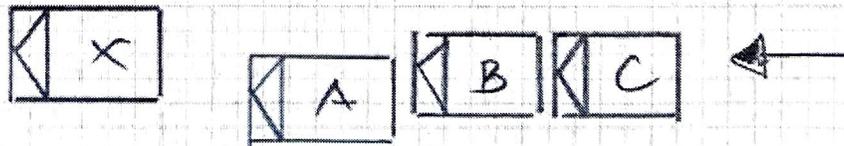
Witnessed by Reporting Centre Personnel

Sketch Plan

A: SHD105FY

B: SMX 68X8B

C: SMC 3155Y



CTE - AYE

Describe Circumstances of the Accident.

*** CHAIN COLLISION ***

ON **20/10/2021 @07:30HRS**, I WAS DRIVING MY TAXI (**SHD 1054 Y**), TRAVELLING ALONG CTE - AYE (NEARBY BT TIMAH EXIT & BEFORE THE TUNNEL) WITH A PASSENGER ONBOARD - ON LANE 1.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP - AS VEHICLES AHEAD OF ME WERE SLOWING DOWN & STOPPED.

WHEN STATIONARY - SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (**SMX 6848 B - M/BENZ**) WHICH WAS BEHIND ME HAD COLLIDED ONTO THE REAR OF MY TAXI & VEHICLE C (**SMC 3155 Y - HONDA**) WHICH WAS BEHIND VEHICLE B - WAS INVOLVED AS WELL.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION. I WAS NOT AWARE OF DAMAGES TO OTHER VEHICLES.

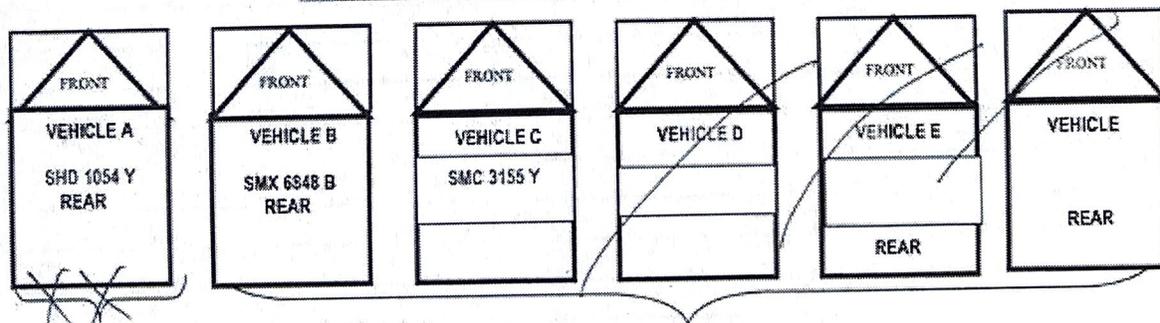
NO INJURY INVOLVED. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD VEHICLE B & VEHICLE C HAD PASSENGERS ONBOARD.

*SCENE PHOTOS & VIDEO FOOTAGE CAPTURED

CHAIN COLLISION / MULTIPLE VEHICLES

DAMAGES FOUND ON VEHICLE A, B, C, D, E, F, G, H, I



PREMIER TAXI

THIRD PARTY VEHICLES

[Handwritten Signature] **80082797E**

Driver's Signature & NRIC Number
Wednesday, October 20, 2021 @ 9:25:34 AM

Describe Circumstances of the Accident

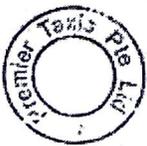
Handwritten text in the first few lines of the description area:

file to effect.

The rest of the description area is crossed out with a diagonal line from the bottom left to the top right.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

f  30082797E

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

20 OCT 2021



Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Inquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	975H
Vehicle No.:	SHD1054Y
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Oct 2021
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	D4FDH314450
Chassis No.:	KNAGM414MF5658870
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$22,282.00
Original Registration Date:	21 Jan 2016
First Registration Date:	21 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$23,195.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Jan 2024
PARF Rebate Amount:	\$16,236.00
COE Expiry Date:	20 Jan 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,307.00
COE Rebate Amount:	\$12,651.00
Total Rebate Amount:	\$28,887.00

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 26 Oct 2021

OK