

(08/11/13) wef

ASS. REC. BY: Wef

REF:

CC4/AK21060900/Rlea3

975H

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHC 68914at Workshop m/s PREMIERof 23, CHANGI SOUTH AVE 2Insured: ALG

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

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:

SHC 68914Yr Regn: 2015 / 86PType: M.Car / M.Cycle / Bus / Van / Lorry / 7axi / Prime Mover /

Truck / Trailer or

Make:

KIA OPTIMA 1.7A) DIESEL c.c 1685

Colour:

GREEN

A/C: Insured / Std / NI / NA

Sp. Reading:

SD9304

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNR GM 414 MF 5623063Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NR / S/Rim / STD A/Rim or

Tyre Size:

F:

205/65R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

MAXXIS

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

23/10/21

D.O.I.

28/10/21

Survey held at

PREMIER

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S FRF

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

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

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

) S + RS, SI

) Photos

) Others

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

25-Oct-21

KIA 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

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6891 U

Acknowledged by Repairer

Signature:

Date:

\$ 1,028.00

\$ 385.00

\$ 531.00

\$ 44.00

\$ 32.00

\$ 16.00

\$ 16.00

\$ 51.00

\$ 66.00

\$ -

\$ 590.00

\$ 116.00

\$ 384.00

\$ 120.00

\$ 3,379.00

\$ 337.90

\$ 3,041.10

- 1 pc Front o/s head lamp *cr*
- 1 pc Bonnet grille *X*
- 1 pc Front bumper *cr*
- 1 pc Front bumper emblem *X*
- 2 pcs Front bumper n/s & o/s side retainer @ \$16.00 (1 pc)?
- 1 pc Front bumper n/s upper bracket ?
- 1 pc Front bumper n/s support bracket ?
- 1 pc Front bumper n/s protector *X*
- 1 pc Front bumper n/s fog light cover *X*
- 1 pc Front door LH *X*
- 1 pc n/s door mirror *X*
- 1 pc Front n/s wheel cover *cr*
- 1 pc Front n/s fender *repair*
- 1 pc Front n/s fender inner shield *sur*

Repair
4 days
45
25/10/21 @ 15.00 hrs

Repair after repair Less 10%

S/NETT

- 1 set Front bumper clips *cr* \$ ~~48.00~~ 30
- 1 pc Front n/s fender sticker *cr* \$ ~~30.00~~ X
- 1 set Front n/s fender inner shield clips *cr* \$ ~~28.00~~ 20
- Sundry \$ 50.00 ~~20~~
- To focus and adjust front n/s & o/s head lamps \$ ~~60.00~~ 30
- Towing fee \$ 50.00 ? receipt
- To check front 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, etc \$ ~~650.00~~ 400
- To putty and spray painting on front bumper, front n/s fender, front door LH, side mirror LH \$ ~~800.00~~ 400
- To apply rustproofing on the repaired and replaced panels. \$ ~~80.00~~ X

\$ 4,917.10

(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 25/10/2021 10:20 (SGT)
Date of Accident 23/10/2021 14:45 (SGT)
Exact Location of Accident Mount Rosie Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC6891U

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 WILLIAM CHEONG SIEW WAH
NRIC No SXXXX947B

10/10/1959	10/10/1959
Outdoor	Outdoor
05/10/1986	05/10/1986
35 YEARS	35 YEARS
Male	Male
(Phone) +65-81256759	(Phone) +65-81256759
-	-
CLAIMS@PREMIERTAXI.COM	CLAIMS@PREMIERTAXI.COM
BLK 34 #10-301	BLK 34 #10-301
LOR 5 TOA PAYOH	LOR 5 TOA PAYOH
310034	310034
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
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 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	SKJ138D
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

er	MALE CHINESE
hber	-
complement	-
ce Company Name	-
s Of Damage	-
ts of property damaged in accident	-
Of Passenger (Including Driver)	1

WITNESS DETAILS

WITNESS 1

Name	MR OLIVER - GOJEK BOOKING
Phone	(Phone) +65-91011266
Email	-

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.



51353947B

25 OCT 2021

Policyholder's Signature / Date & Time

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

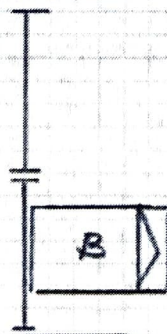
Witnessed by Reporting Centre Personnel

Sketch Plan

A: 9HC 68914

B: 8KJ138D

Houses



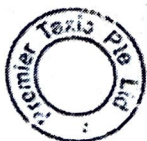
ALONG
MOUNT
ROSE
ROAD.

Describe Circumstances of the Accident

Refer to attach.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

x

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

25 OCT 2021

Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident.

ON 23/10/2021 @14:45HRS, I WAS DRIVING MY TAXI (SHC 6891 U) TRAVELLING ALONG MOUNT ROASIE ROAD WITH A PASSENGER ONBOARD - A SINGLE LANE OF ONE WAY ROUTE.

WHILE I WAS MOVING STRAIGHT AHEAD - HEADING TO MY PASSENGERS' DESTINATION - SUDDENLY VEHICLE B (SKJ 138 D - M/BENZ) WHICH WAS EXITING FROM A HOUSE UNIT (ON THE LEFT) - FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO OBSERVE FOR CLEARANCE - HAD MOVED OFF AHEAD & COLLIDED ONTO THE LEFT FRONT OF MY TAXI. DUE TO THE IMPACT, IT FORCED MY TAXI TO THE RIGHT & CAUSED THE FRONT RIGHT TYRE OF MY TAXI WENT UP THE ROAD KERB.

WHEN INSPECTED, MY TAXI HAD DAMAGES ON THE LEFT FRONT PORTION & PART OF THE FRONT RIGHT PORTION. VEHICLE B HAD DAMAGES ON THE FRONT RIGHT PORTION.

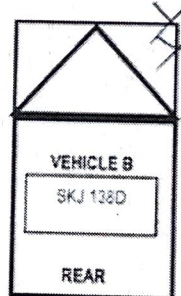
NO INJURY INVOLVED. NO AMBULANCE AT SCENE.
VEHICLE B HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 51353947B
Driver's Signature & NRIC Number
Monday, October 25, 2021 @ 10:08:46 AM

(attended by )

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	975H
Vehicle No.:	SHC6891U
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.:	D4FDEH313408
Chassis No.:	KNAGM414MF5623063
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$22,128.00
Original Registration Date:	30 Sep 2015
First Registration Date:	30 Sep 2015
Transfer Count:	0
Actual ARF Paid:	\$22,980.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Sep 2023
PARF Rebate Amount:	\$14,937.00
COE Expiry Date:	29 Sep 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$47,373.00
COE Rebate Amount:	\$11,399.00
Total Rebate Amount:	\$26,336.00

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