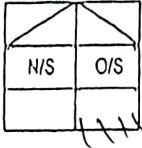


ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
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: 2 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: SHD1642A ✓ Yr Rog: 26/2/19
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /
Truck / Traller or
Make: Hyundai ioniq c.c. 1580
Colour: Silver A/C: Insured / Std / Nil / NA
Sp. Reading: 247784 T/Radio: Insured / Std / Nil / NA
Eng/No: _____
C/No: hmt1C8S1CJku129629
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / SIRIm / STD A/RIm or
Tyre Size: F: 195/65R15
R: 195/65R15
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or westlake
Front: _____ Rear: _____
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 14/12/21 D.O.I. 15/12/21 1455
Survey held at primier taxi
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooflop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>rebat: 22659</u>

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

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

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Inve (\$) ☐ : W&A end
S + R.S. \$
Fuels
Others
Total

Survey Fee:	
Transportation:	

Report Fee: _____
Lump Sum / B.S. : _____

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

15-Dec-21

ESTIMATE REPAIR BILL FOR HYUNDAI IONIQ REGN NO: SHD 1642 A

1 pc	Rear bumper	\$ 459.40	Xr
1 pc	Rear bumper reinforcement	\$ 294.80	Xr
2 pcs	Rear bumper reinforcement n/s & o/s lower bracket	\$ 20.00	Xr
1 pc	Rear bumper reinforcement centre lower bracket	\$ 15.00	Xr
2 pcs	Rear bumper n/s & o/s stay	\$ 276.20	Xr
2 pcs	Rear bumper n/s & o/s side bracket	\$ 66.20	Xr
1 pc	Rear bumper lower moulding centre	\$ 216.50	Xr
1 pc	Rear bumper lower cover	\$ 47.50	Xr
1 pc	Rear bumper cap hook	\$ 9.10	Xr
2 pcs	Rear bumper n/s & o/s reflector @ \$31.90	\$ 63.80	Xr
		\$ 1,468.50	
		\$ 293.70	
		\$ 1,174.80	

Less 20%

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:

S/Nett

1 set	Rear bumper clips	\$ 48.00	NEC
1 set	Reverse sensor	\$ 280.00	XNN
1 set	End panel inner garnish clips	\$ 38.00	XNN
Sundry		\$ 50.00	XNN
To check wiring		\$ 50.00	430
To dismantle / replace reverse sensor to new bumper and reset to the same		\$ 120.00	XNN
To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.		\$ 180.00	
To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the end panel		\$ 600.00	180
To putty and spray painting on rear bumper, end panel, rear bumper moulding (Black), rear bumper lower cover (blue)		\$ 800.00	hpr 330
To apply rustproofing on the repaired and replaced panels.		\$ 80.00	20
		\$ 3,420.80	

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

Thuan @ Lkhau to - low
82235769
15/12/21 1 Qto 455
L/S labour only 10 - 20/0
2 days w/p ✓

> Back to OneMotorIng

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	975H

Vehicle Details

Vehicle No.:	SHD1642A
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Dec 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	G4LEJU156604
Chassis No.:	KMHC851CVKU129629
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,279.00
Original Registration Date:	26 Feb 2019
First Registration Date:	26 Feb 2019
Transfer Count:	0
Actual ARF Paid:	\$12,391.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Feb 2027
PARF Rebate Amount:	\$9,293.00

Intended COE Rebate Details

COE Expiry Date:	25 Feb 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,582.00
COE Rebate Amount:	\$13,361.00
Total Rebate Amount:	\$22,654.00

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 16 Dec 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	14/12/2021 16:49 (SGT)
Date of Accident	14/12/2021 15:00 (SGT)
Exact Location of Accident	55 Sims Ave E, Kembangan, Singapore 416551
Additional Location Information	KEMBANGAN MRT STATION - TAXI STAND
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1642A
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	YAK CHEOK AW
NRIC No	SXXXX071B

Date Of Birth	22/07/1950
Occupation	Outdoor
Date Of Driving Pass	02/07/1969
Driving experience	52 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83451111
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 868B #08-538
Address complement	TAMPINES AVE 8
Postcode	522868
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 SKETCH PLAN & 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	SMF1804E
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MALE CHINESE
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstances of the Accident.

ON 14/12/2021 @15:00HRS, I WAS IN MY TAXI (SHD 1642 A) STATIONARY ALONG THE TAXI STAND @ KEMBANGAN MRT STATION - SIMS AVE EAST.

WHILE STATIONARY IN THE TAXI STAND LOT - SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SMF 1804 E - M/BENZ) HAD COLLIDED ONTO THE REAR OF MY TAXI.

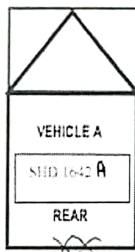
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION & I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

NO INJURY INVOLVED.

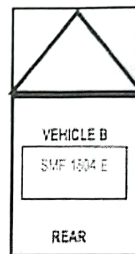
NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE



Handwritten signature

Handwritten NRIC Number: 50028071B

Driver's Signature & NRIC Number

Tuesday, December 14, 2021 @ 3:42:32 PM

(attended by *Handwritten signature*)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim 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.
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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.

6. 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.



Policyholder's Signature / Date & Time

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

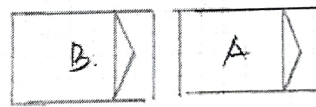
Witnessed by Reporting Centre Personnel

Sketch Plan

A: SHD 1642A

B: SMF 1804E

TAXI STAND (A) KEMBANGAN MRT STATION



SIMS AVE EAST

Describe Circumstances of the Accident

Ref to attack.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

> *[Signature]* 5002807 B

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

14 DEC 2021

[Signature]

Witnessed by Reporting Centre Personnel