

ASS. REC. BY:

Taufik

REF:

CS/CT 22005761/T943.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. **SNM22D204215/C02**

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: **6** days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

WP'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SHD 1687X** Yr Regn: **2017, OUT**Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or _____

Make: **Hyundai 130** c.c. **1582**Colour: **Silver** A/C: Insured / Std / NI / NASp. Reading: **392820** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **TM40281 UVH* J141995**Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ SRim / STD A/Rim orTyre Size: F: **195/65 R15**R: **~ ~**

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

TOYO / YOKO or **Maxxis**

Front _____ Rear _____

R/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. _____ D.O.I. **12/6/22**Survey held at **Premier Auto**Des. of Damages: Frt / ☒ Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

28/06/22 @ 4.48pm revised to Jacqueline Tan via Merimen.

Taufikh finalised LS \$7550, 6 days. (Red \$6448.01, 46%)

Date/Time, File Pass to?

☐

Prel. Report

1) 11/08 Typist

☐

Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **6**Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format:

MER-TP

Lump Sum (LS) /

7550

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

16-Jun-22

ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD 1687 X

1 pc	Tailgate	\$	2,292.30 <i>h/</i>
1 pc	Tailgate lower garnish	\$	362.61 <i>eng</i>
1 pc	Tailgate weatherstrip	\$	276.98 <i>?</i>
2 pcs	Tailgate hinge @\$28.50	\$	57.00 <i>Rx</i>
1 pc	Tailgate lock	\$	216.48 <i>?</i>
2 pcs	Rear license plate lamp @ \$18.60	\$	37.20 <i>?</i>
1 pc	Rear windscreen glass	\$	397.90 <i>bm</i>
1 pc	Rear windscreen moulding	\$	64.10 <i>ng</i>
1 pc	End panel <i>photo</i>	\$	853.85 <i>bt</i>
1 pc	End panel top garnish	\$	90.00 <i>?</i>
1 pc	Floorboard compartment	\$	913.81 <i>?</i>
1 pc	Emblem I30	\$	27.80 <i>ng</i>
1 pc	Emblem CRDI	\$	29.40 <i>ng</i>
1 pc	Emblem Hyundai	\$	29.40 <i>ng</i>
2 pcs	Tailgate n/s & o/s reflector @ \$295.10	\$	590.20 <i>eng</i>
2 pcs	Rear n/s & o/s tail lamp @ \$321.30	\$	642.60 <i>n/s? o/s eng</i>
1 pc	Tailgate inner trim	\$	431.12 <i>eng</i>
1 pc	Luggage tray- Center Rr	\$	299.48 <i>?</i>
1 pc	Rear o/s fender	\$	1,525.73 <i>Rx</i>
1 pc	Rear bumper	\$	811.11 <i>eng</i>
1 pc	Taufik finalised LS \$7550, 6 days. (Red \$ Rear bumper sponge	\$	79.20 <i>?</i>
1 pc	Rear bumper reinforcement	\$	815.64 <i>?</i>
1 pc	Rear bumper reinforcement centre	\$	79.20 <i>?</i>
2 pcs	Rear bumper n/s & o/s side bracket @ \$52.20	\$	104.40 <i>de</i>
2 pcs	Rear bumper n/s & o/s reflector @ \$107.50	\$	215.00 <i>n/s x o/s eng</i>
		\$	11,242.51
		Less 20%	\$ 2,248.50
			\$ 8,994.01
S/NETT			
1 set	Rear bumper clips	\$	48.00 <i>30 ng</i>
1 set	Reverse sensor	\$	280.00 <i>200 ng</i>
1 set	Tailgate stickers	\$	100.00 <i>ng - B</i>
1 set	Tailgate lower garnish clips	\$	38.00 <i>ng</i>
1 set	End panel inner garnish clips	\$	38.00 <i>?</i>
1 set	Floorboard compartment insulator paddings	\$	120.00 <i>?</i>

1 pc	Rear number plate	\$	50.00	one - 48
1 set	Sealant	\$	50.00	30 re
1 pc	Rear n/s fender sticker	\$	60.00	one - 30

16-Jun-22

ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD 1687 X

Sundry	\$	50.00	X
Towing Fee	\$	50.00	? how by receipt
To dismantle / refit rear windscreen glass onto new tailgate	\$	120.00	✓
To dismantle and refit the inner components of wiper onto new tailgate, test wiper motor and water etc	\$	120.00	60
To dismantle and replace reverse sensor and test system	\$	80.00	30
To labour charge for dismantle and renewal of the accident damaged parts. To heat/weld & cut end panel and floorboard compartment. Including knock-out, straighten, repair, reshape of the n/s rooftop panel, etc	\$	2,200.00	1000
To putty and spray painting on the rear bumper, tailgate, tailgate lower garnish, end panel, floorboard compartment, rear n/s fender, top n/s rooftop panel	\$	1,400.00	1000
To apply rustproofing on the repaired and replaced panels	\$	200.00	30
Total	\$	13,998.01	

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Taufikh finalised LS \$7550, 6 days. (Red \$6448.01, 46

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

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:

Taufikh 17495747
WP 17/6/22 e 8
1/3 Reony after repair
Taufikh @ lkk auto. com
06 days

LKK Auto Consultants hence notify the Repairer of the following:
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• 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:

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H
Owner ID Type: Company
Owner Name: PREMIER TAXIS PTE. LTD.
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SHD1687X
Previous Vehicle No.: -
Effective Date of Ownership: 04 Oct 2017
Original Regn Date: 04 Oct 2017
Registration Date: 04 Oct 2017
Year of Manufacture: 2017
Vehicle Type: Public Transport Taxi (Motor Car)
Vehicle Scheme: Taxi (Company)
Vehicle Attachment 1: Air-Con (Taxi)
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HYUNDAI
Vehicle Model: I30 GDH 1.6 TCI 5DR DCT
Primary Colour: Silver
Secondary Colour: -
Passenger Capacity: 4
Chassis No.: TMAD281UVHJ141995
Engine No.: D4FBHZ173214
Engine Capacity/Power Rating: 1582 cc / -
Maximum Power Output: 100.0 kW (134 bhp)
Propellant: Diesel
Max Unladen Weight: 1496 kg
Maximum Laden Weight: 1940 kg
Open Market Value: \$19,971.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 03 Oct 2025
Minimum PARF Benefit: \$7,482.00
No. of Transfers: 0
IU Label No.: 1050709999
COE No.: 2017100401003701K
COE Expiry Date: 03 Oct 2025
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Registration Category: A - Car up to 1600cc & 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium: - / \$42,564.00
PQP Paid: \$34,052.00
QP (Regn Cat): -
OPC Cash Rebate Eligibility: No

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	16/06/2022 14:41 (SGT)
Date of Accident	16/06/2022 08:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE - TUAS (BEFORE JALAN BAHAR)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1687X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	2XXXXXX975H
Email Address	CLAIMS@PREMIERTAXI.COM
Mobile Phone No	(Phone) +65-91550072
Alternative Phone No	(Office) +65-62148880

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I30
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	5125738511-001028
Cover Note Number	-

DRIVER

Name of Driver	RASHID BIN IDRIS
NRIC No	SXXXX451D

Date Of Birth	03/11/1956
Occupation	Outdoor
Date Of Driving Pass	12/10/1977
Driving experience	44 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97962437
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 430 ANG MO KIO AVE 3 #05-2598
Address complement	-
Postcode	560430
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended prosecution given?	No
If yes, against whom?	Taukik finalised LS \$7550, 6 days. (Red \$6448.01

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

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	GBK5624K
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	HOSSEN MOHAMMAD ELIUS
NRIC No	GXXXX577P
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RASHID BIN IDRIS - DRIVER OF VEH. A
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON
Injured person in which vehicle?	SHD1687X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MALE INDIAN - PAX IN VEH. B
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	EYES PAIN
Injured person in which vehicle?	GBK5624K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	MALE INDIAN - PAX IN VEH. B
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	GBK5624K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.
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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;

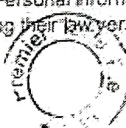
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



Radw
126748-1

16 JUN 2022

Policyholder's Signature / Date & Time

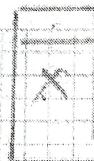
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SHD 1687X

b: GBIK 562XIC



PIE / TUAS



C BRF JALAN

BNIAR EXIT.

Describe Circumstances of the Accident

Refer to attach police report

Taufikh finalised LS \$7550, 6 days. (Red \$6448.01, 46%)

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

X *Taufikh* 1007421-D 16 JUN 2022

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220616/2031

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20220616/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2022 11:20		Vide Report No.: J/20220616/0059		Station Diary No.: 80	
Informant's Particulars					
Name of Informant: RASHID BIN IDRIS			Address: APT BLK 430 ANG MO KIO AVENUE 3 #05-2598 SINGAPORE 560430		
ID Type / ID No.: NRIC NO / S1207451D			Contact No.: Home/Office: Mobile: 97962437		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 03/11/1956	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/06/2022 08:45	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 1781				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK5624K	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR			2
SHD1687X	Car	HYUNDAI	I30 GDH.1.6 TCI 5DR DCT			0



**SINGAPORE
POLICE FORCE**



T/20220616/2031

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 4

Report No. T/20220616/2031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	HASSAN RAKIB	ID No.	G8265080L
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	RASHID BIN IDRIS	ID No.	S1207451D
Related Vehicle	NIL	Contact No.	97962437
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	HOSSEN MOHAMMAD ELIUS	ID No.	G2758577P
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 16/06/2022 at about 0845hrs, I was driving my taxi SHD1687X along PIE (TUAS) before Jalan bahar exit on the extreme left lane. There was a lorry in front of me which slowed down, I then applied brake and slowed down as well. Suddenly, another van behind GBK5624K failed to stop and collided into my vehicle rear portion.

After the accident, we alighted and I called for police and ambulance. There were 3 Bangladeshis on the van and I do not remember who was the driver. Two of the passenger was conveyed to hospital. Traffic Police was at scene and took over my SD card vide incident J/20220616/0059.