

ASS. REC. BY: Taufikh

REF:

CS/CT/22006369/7943

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. _____

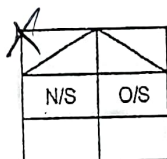
Claims No. SNM22D204629/C02

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 Rpt: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB8075B Yr Regn: 2016, Jan.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Kia Optima C.C. 1685Colour Silver A/C: Insured / Std / NI / NASp. Reading 640819 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAGM 414 MF 5658265

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 orTyre Size: F: 205/65R16R: 2 -

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

TOYO / YOKO or FlankookFront 6 mm Rear 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 5/7/22 D.O.I. 5/7/22Survey held at Premier Auto.

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

Frt N/S

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

Date / Time Action / Instruction

27/07/22 @ 11.01am revised to Adeline Chng via Merimen.

Taufikh finalised LS \$1000, 2 days. (Red \$3784.90, 79%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 22/09 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Rep. Format: MER-TPLump Sum / 1000

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

4-Jul-22

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8075 B

1 pc	Front n/s head lamp	\$	1,028.00X
1 pc	Front bumper emblem	\$	44.00 <i>new</i>
1 pc	Front bumper	\$	531.00 <i>del</i>
2 pcs	Front bumper n/s & o/s side retainer @ \$16.00	\$	<i>o/s x</i> 32.00 <i>n/s ?</i>
2 pcs	Front bumper n/s & o/s upper bracket @ \$16.00	\$	<i>o/s x</i> 32.00 <i>n/s x</i>
2 pcs	Front bumper n/s & o/s support bracket @ \$16.00	\$	<i>o/s x</i> 32.00 <i>n/s x</i>
1 pc	Front bumper n/s protector	\$	51.00 X
1 pc	Front bumper n/s fog lamp cover	\$	66.00X
1 pc	Bonnet grille	\$	385.00 X
1 pc	Front n/s fender	\$	384.00 <i>Rp</i>
1 pc	Front n/s fender inner shield	\$	120.00 X
1 pc	Front n/s wheel cover	\$	116.00X
		\$	2,821.00
		Less 10%	\$ 282.10
			\$ 2,538.90
<div><div>LKK Auto Consultants hence notify the Repairer of the following:</div><ul style="list-style-type: none">• To resurvey before/after spray painting• To display damaged part(s) during re-survey• 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<div>Acknowledged by Repairer Signature: Date:</div></div>			
S/NETT			
1 set	Front n/s fender inner shield clips	\$	28.00 X
1 set	Front bumper clips	\$	48.00 <i>300</i>
1 pc	Front n/s fender sticker	\$	60.00 <i>new 30</i>
	To check wheel alignment	\$	80.00
	To dismantle and replace front n/s undercarriage	\$	250.00 X
	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 front n/s wheel house etc	\$	800.00 <i>300</i>
	To putty and spray painting on Front bumper, front n/s fender, front n/s wheel house,	\$	600.00 <i>400</i>
	To apply rustproofing on the repaired and replaced panels.	\$	200.00 X
		\$	4,784.90

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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

Tanphu 97495749
WP 5/7/22 2420 pm
U/S Resurvey after repair
Tanphu 2-3 days

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	04/07/2022 10:53 (SGT)
Reported by	Driver
Date of Accident	02/07/2022 14:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8075B
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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	1685

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5125738511

DRIVER

Name of Driver	SEAH SEOW KWONG
NRIC No	SXXXX179B
Date Of Birth	30/11/1952
Occupation	Outdoor

Date Of Driving Pass	12/07/1976
Driving experience	46 YEARS
Gender	Male
Mobile Number	(Phone) +65-81432895
Alt. Phone Number	-
Email Address	CLIAMS@PREMIERTAXI.COM
Address	BLK 20 JANLAN TENTERAM
Address complement	#08-545
Postcode	320020
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 - Change/cross lane
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
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

PLEASE REFER SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC111Z
Vehicle Manufacturer	Ford
Vehicle Model	Ranger
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Commercial vehicle
Name of Driver	MALE INDIAN
Contact Number	(Phone) +65-81810858
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	FRONT RH PORTION
No. Of Passenger (Including Driver)	2
PASSENGER 1	
Name	UNKNOWN
Gender	Male

SKETCH PLAN

IMPORTANT NOTICE

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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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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.



Seah 30182179-B

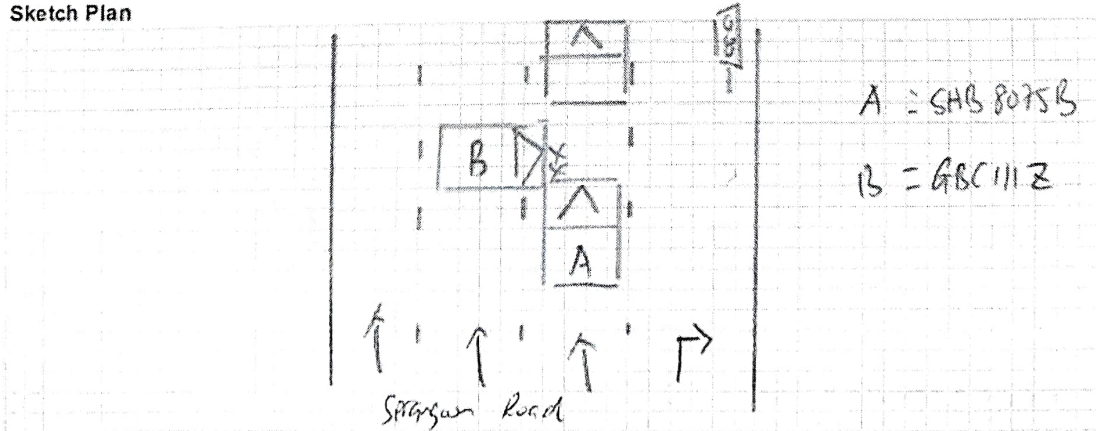
Xi Ben Kai

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident.

ON 02/07/2022 @ 14:12 HRS, I WAS DRIVING MY TAXI (SHB 8075 B) TRAVELLING ALONG SERANGOON ROAD- ON 2 LANE WITH 2 PASSENGER ONBOARD.

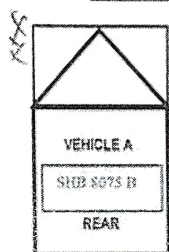
VEHICLE B (GBC 111 Z -FORD RANGER) WHICH WAS IN 3 LANE, FILTERED INTO 2 LANE AND COLIDED ONTO MY TAXI FRONT LH PORTION.

WHEN INSPECTED, MY TAXI HAD DAMAGES ON FRONT LH PORTION & VEHICLE B HAD DAMAGES ON FRONT RH PORTION.

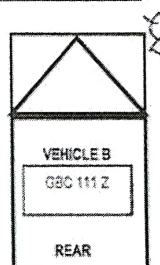
NO INJURY INVOLVED. NO AMBULANCE AT SCENE.
ONE PASSENGER ON BOARD VEHICLE B

VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 Seah Seow Kwong S 0182179B

Driver's Signature & NRIC Number
Monday, July 04, 2022 @ 9:27:29 AM

(attended by)

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	08 Jan 2016 / 08:35:13	Receipt No.:	AACCK001-AX239-160108-000007
Asset Type:	Vehicle	Transaction Amount:	\$68,750.00
Asset ID:	SHB8075B	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20160108083513705437		
Vehicle No.:	SHB8075B		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	08 Jan 2016		
Original Registration Date:	08 Jan 2016		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5658265		
Engine No.:	D4FDFH314409		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2015		
Open Market Value:	\$22,359.00		
Minimum PARF Benefit:	\$13,981.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	08 Jan 2016 08:35:13		
COE No.:	2016010801003464K		
COE Expiry Date:	07 Jan 2024		
COE Bld Category:	-		
Actual QP/PQP Paid Amount:	\$45,307.00		
Lifespan Expiry Date:	07 Jan 2024		