

ASS. REC BY:

Tajm

REF:

CS/CT/22.007534/TUC.

ASSIGNMENT

From: _____ Date: _____

Estimated lost: _____

OD / TP / VS / 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____

SHL6969E

Yr Regn: _____

2015, Nov

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: _____

Kia optima

C.C. _____

1685

Colour: _____

silver

A/C: Insured / Std / NI / NA

Sp. Reading _____

526081

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KNABM414MF5642524

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: _____

R: _____

205/65R15

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. _____

D.O.I. _____

15/8/22

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format: _____

Lump Sum / L.B.k. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

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-Aug-22

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6969 E

1 pc	Bonnet grille	\$	385.00	ing
1 pc	Front bumper n/s protector	\$	51.00	X
1 pc	Front bumper	\$	531.00	Rp
1 pc	Front bumper emblem	\$	44.00	X
1 pc	Front bumper centre grille	\$	174.00	X
1 pc	Front bumper lower stiffer	\$	134.00	X
1 pc	Front bumper lip	\$	52.00	X
1 pc	Front bumper inner sponge	\$	110.00	X
1 pc	Front bumper upper reinforcement	\$	40.00	X
1 pc	Front bumper reinforcement	\$	328.00	X
2 pcs	Front bumper o/s & n/s side retainer @ \$16.00	\$	32.00	X
1 pc	Front n/s headlamp	\$	1,028.00	X
1 pc	Front bumper n/s fog lamp cover	\$	66.00	X
		\$	2,975.00	
		\$	297.50	
		\$	2,677.50	
		\$	48.00	3000
		\$	50.00	45 hr
		\$	50.00	X
		\$	80.00	X
		\$	550.00	200
		\$	400.00	250
		\$	3,855.50	

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 pc Front bumper clips
1 pc Front no. plate with casing

Sundry

To check for wiring and to focus head lamps

To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the front bumper, support panel, bonnet grille, etc

To putty and spray painting on front bumper, bonnet grille,

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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

Tanfikh 97495749
WP' 15/8/22 445
o 2 days
Tanfikh @ 1/10/2022
c/s rising after rep

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	13 Nov 2015 / 09:29:03	Receipt No.:	AACCK001-AX239-151113-000008
Asset Type:	Vehicle	Transaction Amount:	\$69,056.00
Asset ID:	SHC6969E	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151113092903972612		

Vehicle No.:	SHC6969E
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:	13 Nov 2015
Original Registration Date:	13 Nov 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5642524
Engine No.:	D4DFDH314198
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:	\$22,606.00
Minimum PARF Benefit:	\$14,189.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	13 Nov 2015 09:29:03
COE No.:	2015111301003564H
COE Expiry Date:	12 Nov 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$45,267.00
Lifespan Expiry Date:	12 Nov 2023

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 Actual 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	05/08/2022 10:14 (SGT)
Reported by	Driver
Date of Accident	04/08/2022 16:45 (SGT)
Exact Location of Accident	Orchard Link, Singapore
Additional Location Information	ORCHARD LINK - BIDEFORD ROAD // ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6969E
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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	-

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
Policy Number / Cover Note Number	5125738511-000565

DRIVER

Name of Driver	RIZAL BIN RAZALI
NRIC No	SXXXX135D
Date Of Birth	06/07/1980
Occupation	Outdoor

Date Of Driving Pass	18/05/2001
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87424337
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 361 TAMPINES ST 34 #03-397
Address complement	-
Postcode	52361
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	DRIZZLING
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD8008G
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KOH KENG YONG
NRIC No	SXXXX807D



Contact Number	(Phone) +65-93259445
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.



05 AUG 2022

SB000135B

Policyholder's Signature / Date & Time

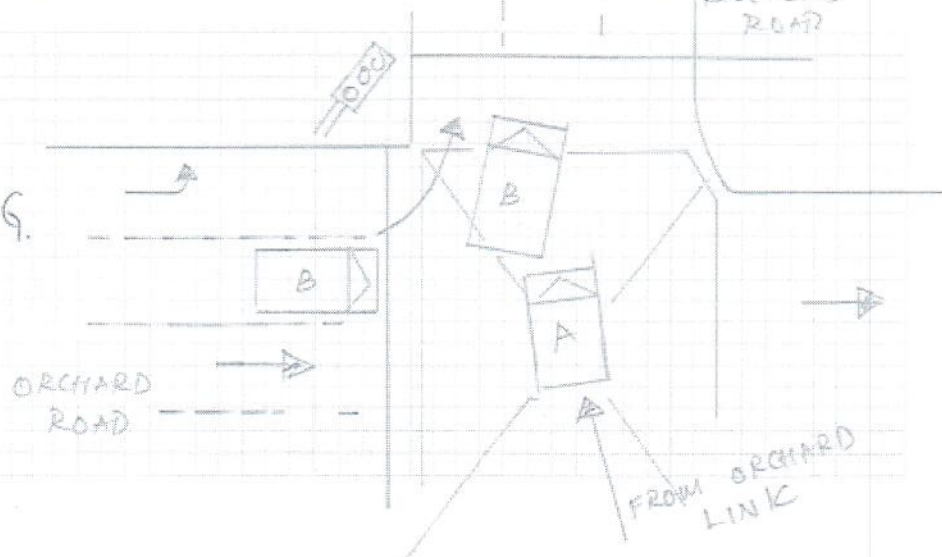
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SHC 6969E

B: GBD 8008G



Describe Circumstances of the Accident.

ON 04/08/2022 @ 16:45 HRS, I WAS DRIVING MY TAXI (SHC 6969 E) TRAVELLING ALONG ORCHARD LINK TOWARDS BIDEFORD ROAD AT THE TRAFFIC LIGHT JUNCTION OF ORCHARD ROAD.

TRAFFIC WAS CONGESTED & VERY SLOW MOVING AT THE POINT OF TIME - ALONG BIDEFORD ROAD.

I STOPPED MY TAXI (AT THE TRAFFIC JUNCTION OF ORCHARD ROAD & BIDEFORD ROAD) AS VEHICLES AHEAD OF ME STOPPED BUT SUDDENLY VEHICLE B (GBD 8008 G - NISSAN VAN) WHICH WAS APPROACHING FROM ORCHARD ROAD (ON MY LEFT) - HAD COLLIDED ONTO THE FRONT PORTION OF MY TAXI WHILE COMPLETING HIS LEFT TURN INTO BIDEFORD ROAD.

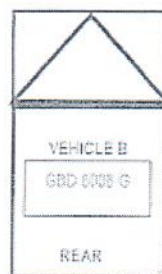
WHEN INSPECTED, MY TAXI HAD DAMAGES ON THE FRONT PORTION & VEHICLE B HAD DAMAGES ON THE REAR RIGHT PORTION.

NO INJURY INVOLVED. NO AMBULANCE AT SCENE.
NO PASSENGERS ONBOARD BOTH VEHICLES.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE



Driver's Signature & NRIC Number
Friday, August 05, 2022 @ 9:17:58 AM

(attended by )