

ASS. REC. BY: Taufikh

REF:

INC CS/INC23005220/Tnp3

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS wp

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMD1681L Yr Regn: 2023, Jan

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

Truck / Trailer or _____

Make: Kia Niro Plus Hybrid c.c. 1580

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 42234 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KN4A281CUP7011456

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: 25/55R17

R: _____

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

TOYO / YOKO or Nexen

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 24/5/23

Survey held at Premier Auto

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

O/S Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Taufikh confirmed final fig \$2862.10 , 4 days.
	(red, \$3228.70, 53%)

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation: _____

S + RS _____ SI

Photos _____

Others _____

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format : _____

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

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

22-May-23

ESTIMATE REPAIR BILL FOR NIRO PLUS REGN NO: SHD 1681 L

1 pc	Rear bumper Upper	\$	535.00 <i>By</i>
1 pc	Rear bumper lower	\$	554.00 <i>cut</i>
1 pc	Rear bumper o/s moulding	\$	15.00 <i>cut</i>
1 pc	Rear o/s fender garnish	\$	144.00 <i>cut</i>
1 pc	Rear o/s fender inner shield	\$	255.00 ?
1 pc	Rear bumper o/s reflector	\$	178.00 X
1 pc	Rear bumper o/s reflector cover	\$	43.00 X
2 pcs	Rear bumper side bracket n/s & o/s @\$25.00	<i>n/sx</i> \$	50.00 o/s?
1 pc	Rear o/s door	\$	1,542.00 <i>By</i>
1 pc	Rear o/s rim	\$	956.00 <i>cut</i>
		\$	4,272.00
		Less 10%	\$ 427.20
		\$	3,844.80

S/NETT

1 set	Rear bumper clips	\$	58.00 <i>300</i>
1 set	Rear o/s fender inner shield clips	\$	58.00 X
1 pc	Rear o/s fender sticker	\$	60.00 <i>net</i>
	Sundry	\$	50.00 X
	Check wheel alignment	\$	50.00 ✓
	To dismantle and refit reverse sensor into new bumper	\$	120.00 <i>30</i>
	To dismantle and refit rear o/s door inner component into new shell door	\$	150.00 <i>60</i>
	To labour charge for dismantle and renew the accident damaged parts. Including to knock-out, straighten, repair, reshape of the rear o/s fender etc	\$	650.00 <i>500</i>
	To putty and spray painting on the rear bumper upper, rear bumper lower, rear o/s fender, rear o/s door	\$	900.00 <i>600</i>
	To apply rustproofing on the repaired and replaced panels	\$	150.00 <i>30</i>
		Total	\$ 6,090.80

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:

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Taufik 97495749 WP 24/5/23 @ 2300-
PIP Resurvey new parts 04 days
taufik@lkkauto.com

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	22/05/2023 11:40 (SGT)
Reported by	Actual Driver
Date of Accident	19/05/2023 18:07 (SGT)
Exact Location of Accident	Bedok Reservoir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD1681L

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) +65-62148880
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
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	Income Insurance Limited
Policy Number / Cover Note Number	5125738511-01-000892

DRIVER

Name of Driver	CHEW CHIANG
NRIC No	SXXXX551A
Date Of Birth	03/06/1960
Occupation	Outdoor

Date Of Driving Pass	14/05/1979
Driving experience	44 YEARS
Gender	Male
Mobile Number	(Phone) +65-87899151
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 139 BEDOK RESERVOIR ROAD, @02-1493
Address complement	-
Postcode	470139
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 - Cross Junction
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
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

Vehicle Registration Number	SML7627D
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR CHEONG
Contact Number	(Phone) +65-91169787

complement	-
BY: Trade	-
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 Actual Driver.
3. Information provided must be as fruthful 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.



51426531A

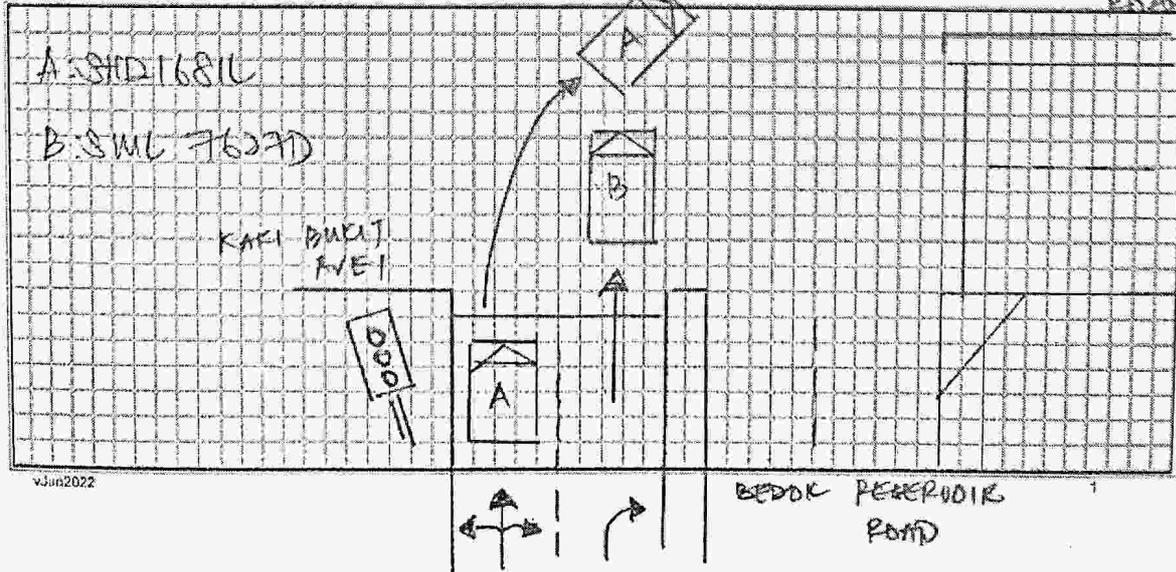
22 MAY 2023

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

[Signature]
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Policyholder's Signature / Date & Time

Sketch Plan



Describe Circumstances of the Accident.

ON 19/05/2023 @ 18:07 HRS, I WAS DRIVING MY TAXI (SHD 1681 L) TRAVELLING AT THE TRAFFIC LIGHT JUNCTION OF BEDOK RESERVOIR ROAD - ON THE LEFT LANE (ARROW ON ROAD SURFACE SHOWS STRAIGHT, LEFT & RIGHT TURN)

TRAFFIC LIGHT WAS GREEN WITH GREEN ARROW ON MY ROUTE FAVOUR & I PROCEED AHEAD - MAKING MY RIGHT TURN INTO BEDOK RESERVOIR ROAD WITH MY RIGHT INDICATOR. IN THE MIDST OF COMPLETING MY RIGHT TURN, SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

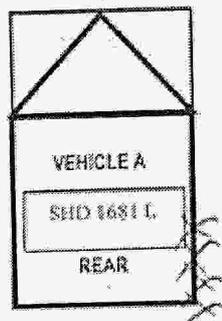
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SML 7627 D - HYUNDAI) WHICH WAS INITIALLY ON RIGHT LANE (ARROW ON ROAD SURFACE SHOWS RIGHT TURN ONLY) - FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO ROAD SIGNAGE, HAD ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY & COLLIDED ONTO THE RIGHT PORTION OF MY TAXI - BEFORE HEADING STRAIGHT AHEAD.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT REAR PORTION & VEHICLE B HAD DAMAGES ON THE LEFT FRONT PORTION.

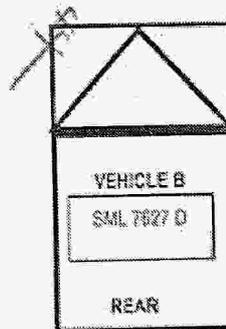
NO INJURY INVOLVED. NO AMBULANCE AT SCENE.
NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

Shen Jiahua S1426551A 22/5/23

Driver's Signature & NRIC Number
Monday, May 22, 2023 @ 9:36:52 AM

(attended by )



Vehicle Registration Details

<i>Vehicle No.</i> SHD1681L	<i>Make/Model</i> KIA/NIRO PLUS HYBRID	<i>Vehicle Scheme</i> Revised Taxi (Company)
<i>Current Propellant</i> Petrol-Electric	<i>Chassis No.</i> KNAA381CVPT011456	<i>Vehicle Type</i> Public Transport Taxi (Station Wagon)

Owner's Details

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

Registration Details

Previous Vehicle No.: -	Effective Date of Ownership: 26 Jan 2023
Original Registration Date: 26 Jan 2023	Registration Date: 26 Jan 2023
No. of Transfers: 0	IU Label No.: 1050522515

Vehicle Specifications

Engine No.: G4LENS121225	Chassis No.: KNAA381CVPT011456
Year of Manufacture:	Motor No.:

2023

PM04NBN1947J

Primary Colour:

Silver

Secondary Colour:

-

Passenger Capacity:

4

Engine Capacity / Power Rating :

1580 cc / 32.0 kW

Maximum Power Output:

96.0 kW (128 bhp)

Max Unladen Weight:

1475 kg

Maximum Laden Weight:

1930 kg

Vehicle Attachment 1:

Air-Con (Taxi)

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$24,025.00

Additional Registration Fee Rate:

First \$20,000.00 (100%), next \$4,025.00 (140%)

Actual ARF Paid:

\$5,000.00

Vehicle Lifespan Expiry Date:

25 Jan 2031

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$0.00

COE No.:

2023012601000935N

COE Expiry Date:

25 Jan 2031

COE Category:

A - Car-Details at OneMotoring

COE Registration Category:

A - Car-Details at OneMotoring

Quota Premium (QP) / Prevailing Quota Premium:

- / \$85,988.00

PQP Paid

\$68,791.00

QP (Regn Cat):

--

PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date: