

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02  
SINGAPORE 486443  
TEL:65446671 FAX:62141511  
CO. REG:200707743D GST REG:200707743D

Our Ref: SHC6096Z/GS

**WITHOUT PREJUDICE**

25<sup>th</sup> January 2018

**(By Email Only)**

**Attn: The Motor Claims Department**

AXA Insurance Pte Ltd  
No.8 Shenton Way  
#27-01  
Singapore 068811

Dear Sir/Madam

## **ACCIDENT INVOLVING SHC6096Z & EW1122U ALONG ADAM ROAD TOWARDS LORNIE ROAD ON 10.01.18**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6096Z, to claim against the party/parties responsible for the damages arising from the above-mentioned accident.

Our records show that you are the insurers of vehicle number: EW1122U at the material time of the accident with the driver of our client's vehicle, Mr Yan Wai How

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: EW1122U, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	1444.50 (Incl. GST)
(2) Loss of Rental - 4Days @\$100.39per day	\$	401.56
(3) Loss of Income – 4Days @\$100.00per day	\$	400.00
(4) LTA Search fee	\$	7.45
	<b>\$</b>	<b><u>2253.51</u></b>

A copy of each of the following supporting documents is enclosed:

- (1) Final Repair Bill, GIA report & sketch plan of SHC6096Z
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, LTA search

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Our Ref: SHC6096Z/GS

We would appreciate if you could look into the subject matter and let us have your favorable offer within 14 days. If you are agreeable to the settlement of the above said claims, please forward us your discharge voucher as for our client's signature and payment made to "Premier Automotive Services Pte Ltd".

Please note that if we do not hear from you within the stipulated 14 days, we will have no alternative but to appoint our solicitor to act on our behalf to commence proceedings against you without further notice to you.

Yours faithfully,



Claims Department – Gary Shi

Email: [gary.shi@premiertaxi.com](mailto:gary.shi@premiertaxi.com)

NB: We encourage all parties to liaise with us via email to expedite all matters

PS: Please quote our reference no when replying

c.c. Client – Premier Taxis Pte Ltd



PREMIER AUTOMOTIVE SERVICES PTE LTD  
OFFICE: 23 Changi South Avenue 2 #01-02 S(486443)  
TEL: 65436676 / 65436689 FAX: 62141511  
CO. REG NO.: 200707743D GST. REG. NO.: 200707743D

PREMIER TAXIS PTE LTD  
23 CHANGI SOUTH AVENUE 2 #03-02  
SINGAPORE 486443

## TAX INVOICE

DATE 25-Jan-2018  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6096 Z			\$ 1,350.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,350.00
GST @ 7%				\$ 94.50
GRAND TOTAL				\$ 1,444.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



19 January 2018

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Yan Wai How of NRIC Number S7770990H is a registered driver of SHC6096Z. Yan Wai How is paying daily rental rate of \$100.39 (Inclusive of GST).

Should you require further information, please contact us at 6214 8880.

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Chin Bee Lian'.

Chin Bee Lian (Ms)

Assistant Vice President

Taxis Administration

Prepared By: SY

PREMIER TAXIS PTE LTD  
23 Changi South Avenue 2  
#03-02  
Singapore 486443  
Telephone: +65 6214 8880 Fax: +65 6214 0330  
[www.premiertaxi.com](http://www.premiertaxi.com)  
Co. Reg. No. 200304975H

## 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 ability.
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 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 Report	11/01/2018 10:01
Date Of Accident	10/01/2018 19:40
Exact Location Of Accident	ADAM ROAD TOWARDS LORNIE ROAD (BEF ADAM PARK)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6096Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

### Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS

Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY

Vehicle Category	TAXI
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### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

### Driver

Name of Driver	YAN WAI HOW
NRIC No	S7770990H
Date Of Birth	17/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/05/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92292772
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 242 #12-163 BT PANJANG RING ROAD
Postcode	670242
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : MALAY GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEH. A - 1 PAX VEH. B - UNKNOWN PAX ONBOARD

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

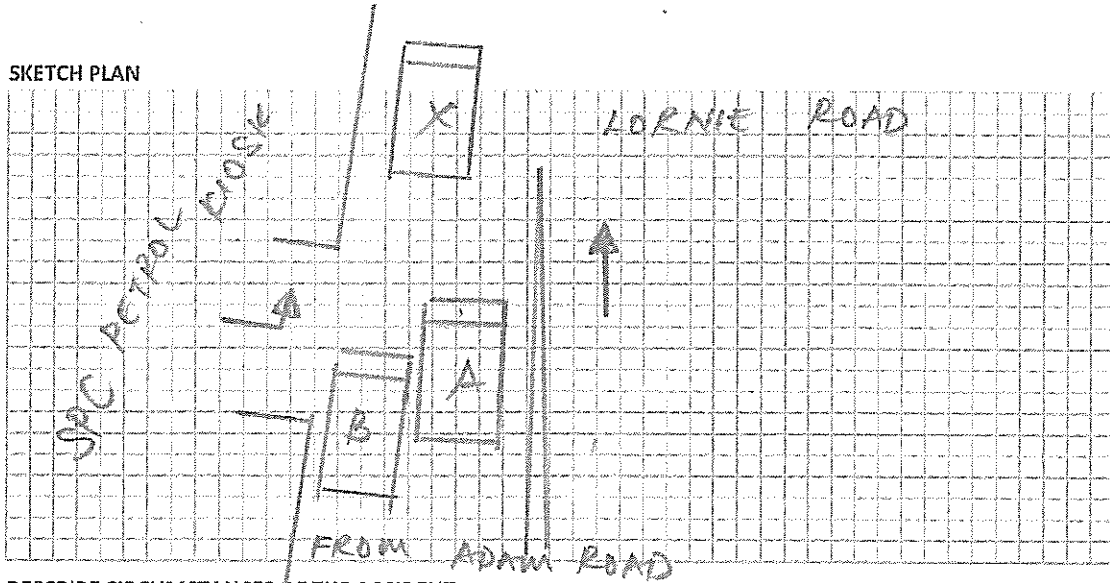
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EW1122U
Vehicle Make/Model/Colour	BMW/WHITE
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	DARIES NG CHINN YUAN
NRIC/Passport Number	
Contact Number	96900907
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## Sketch Plan Pg. 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6096 Z

B: RW 11224.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's  
Date & Time:



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

11 JAN 2010

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Describe Circumstance of the Accident.

ON 10/01/2018 @ 1940HRS, I WAS DRIVING MY TAXI ( SHC 6096 Z ) TRAVELLING ALONG ADAM ROAD TOWARDS LORNIE ROAD (BEFORE ADAM PARK & IN FRONT OF SPC PETROL KIOSK), IN THE RIGHT LANE, WITH A PASSENGER ONBOARD – ON A MERGING LANE.

TRAFFIC AHEAD WAS SLOW MOVING AT THE POINT OF TIME.

WHILE I WAS MOVING SLOWLY- ACCORDING TO THE FLOW OF TRAFFIC AHEAD, SUDDENLY I FELT AN IMPACT FROM MY LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( EW 1122 U – BMW/WHITE ) WHICH WAS FROM THE LEFT LANE – FAILED TO KEEP FOR PROPER LOOK OUT – HAD CUTS ONTO MY PATH ON MY LEFT ABRUPTLY.

AS SUCH, THE FRONT RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

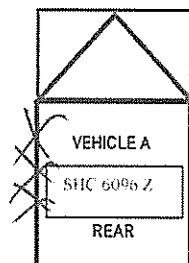
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT RIGHT PORTION.

NO INJURY INVOLVED.

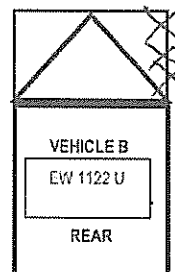
UNKNOWN PASSENGERS ONBOARD VEHICLE B.

\*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE




5777099014

Driver's Signature & NRIC Number

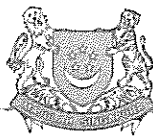
Thursday, January 11, 2018 @ 10:11:46 AM

(attended by

)

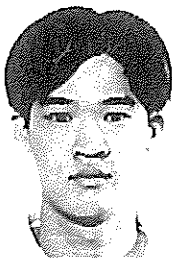
 <b>PREMIER TAXIS</b>	<b>HIRE / RELIEF / SUPER RELIEF</b>
VEHICLE NO.	SHC 60.962
CONTACT NO.	9229 2772
NEW MAILING ADDRESS (if any)	/

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7770990H



Name

YAN WAI HOW



袁 伟 豪

Race

CHINESE

Date of Birth

17-02-1977

Sex

M

Country of Birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7770990H

Name

YAN WAI HOW

Birth Date: 17 Feb 1977

Issue Date: 17 Sep 2003



NRIC No. S7770990H



Blood Group

B+

Date of issue

13-07-2000

Address

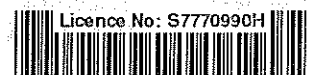
APT BLK 242 BUKIT PANJANG RING ROAD  
#12-163  
SINGAPORE 670242

3173507

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles exceeding 200 cc	20 Nov 1995
Class 2A Motorcycles between 201 cc and 400 cc	12 Jan 1995
Class 2 Motorcycles exceeding 400 cc	25 Jan 2000
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 May 1998
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	05 Jul 2000
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	23 Dec 2000

NP 428A



Licence No: S7770990H

Land Transport Authority

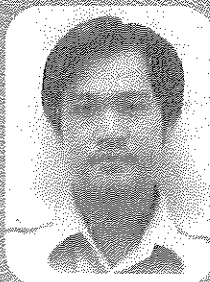
VOCATIONAL LICENCE

Licence No: S7770990H

Name: YAN WAI HOW

Issue Date: 1/9/2009

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



Text size + -

**Enquire Transaction History****Transaction History Details**

Log Date/Time:	30 Jul 2014 / 09:57:59	Receipt No.:	AACCK001-AX239-140730-000011
Asset Type:	Vehicle	Transaction Amount:	\$65,817.00
Asset ID:	SHC6096Z	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register-New Vehicle (AA)		
Business Transaction Reference No.:	20140730095759576201		

Vehicle No.:	SHC6096Z
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:	30 Jul 2014
Original Registration Date:	30 Jul 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5464225
Engine No.:	D4FDDH307993
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:	2013
Open Market Value:	\$19,908.00
Minimum PARF Benefit:	\$7,444.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	30 Jul 2014 09:57:59
COE No.:	2014073001001363R
COE Expiry Date:	29 Jul 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$53,269.00
Lifespan Expiry Date:	29 Jul 2022
Owner ID Type:	Company

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5095103893

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **SHC6096Z**  
 Chassis Number : KNAGM414ME5464225
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 20 Oct 2017
4. Expiry Date of Insurance : 19 Oct 2018
5. Persons or Classes of Persons entitled to drive\*
  - (a) The Policyholder.
  - (b) Any licensed taxi driver driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use\*
  - (a) Use as a Taxi.
  - (b) Use for social domestic and pleasure purposes.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third- Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$3,500
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HL SUNTEK INSURANCE BROKERS PTE LTD (00000690672)

Date of Issue : 16 Oct 2017 17:13 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**

**Countersigned By:**



**Authorised Officer**



**Chief Executive**



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 11 Jan 2018 / 10:32:22

Receipt Date/Time : 11 Jan 2018 / 10:32:22

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-180111-000446

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - EW1122U			
	As at 10 Jan 2018/19:40:00			
	Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - EW1122U			
	Enquiry Fee	7.00	0.49	7.49
	20180111103134120248			
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx0416			
	Credit Card:			
	Visa/MasterCard			7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



REPLACEMENT VEH GIVEN YES / NO

VEH NO. \_\_\_\_\_

JOB NO. \_\_\_\_\_

## CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>Yan Wai How</u>	
NRIC <u>S 7770990H</u>	HANDPHONE <u>92292772</u>
TAXI REGN NO. <u>S H C 6096 Z</u>	MAKE / MODEL <u>Ko2</u>
DATE IN <u>160118</u> TIME IN <u>1100</u>	DATE OUT <u>190118</u> TIME OUT <u>1220</u>
KILOMETRES IN <u>          </u> FUEL IN <u>E 1/4 1/2 3/4 F</u>	KILOMETRES OUT <u>          </u> FUEL OUT <u>E 1/4 1/2 3/4 F</u>

TAXI METER DOWNLOADED

YES

NO

DATE / TIME TOWED IN TO WORKSHOP

D D M M Y Y H H M M

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

D D M M Y Y H H M M

I ACKNOWLEDGE AND CONFIRM THAT I HAVE EXAMINED THE ABOVE SAID VEHICLE AND THAT THE SAME IS IN GOOD CONDITION AND TO MY SATISFACTION IN EVERY RESPECT TOGETHER WITH THE ACCESSORIES / ITEMS LIST ABOVE. THIS VOUCHER IS USED IN CONJUNCTION WITH THE TERM RENTAL AGREEMENT.

## CHECK IN

YAN WAI HOW

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

## CHECK OUT

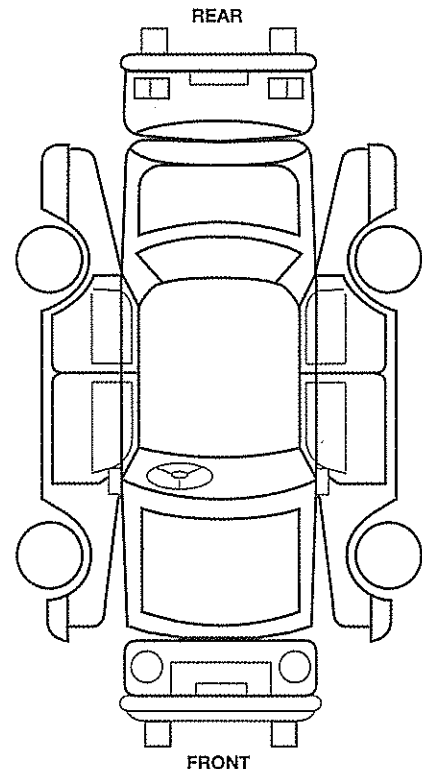
YAN WAI HOW

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED OUT BY  
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



## BODY MARKINGS

- |                     |             |
|---------------------|-------------|
| 1 - Light Dent      | 5 - Damaged |
| 2 - Serious Dent    | 6 - Chip    |
| 3 - Light Scratch   | 7 - Crack   |
| 4 - Serious Scratch | 8 - Peeling |

SERVICE / REPAIRS DONE	DRIVER'S REMARKS.
<input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS: <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO <u>DDMMYY HHMM</u> <input type="checkbox"/> BRAKE SYSTEM <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	<u>TP/G</u>