

# **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: SHC6327H/GS

**WITHOUT PREJUDICE**

13<sup>th</sup> February 2018

**(By Email Only)**

**Attn: The Motor Claims Department**

Lonpac Insurance Bhd  
100 Beach Road #19-00  
Shaw Tower  
Singapore 189702

Dear Sir/Madam

## **ACCIDENT INVOLVING SHC6327H & SJD2443C ALONG JUNCTION 8 – TAXI STAND ON 06.02.18**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6327H, 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: SJD2443C at the material time of the accident with the driver of our client's vehicle, Mr Seet Chin Beng

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SJD2443C, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$ 1230.50 (Incl. GST)
(2) Loss of Rental - 3Days @\$112.16per day	\$ 336.48
(3) Loss of Income – 3Days @\$100.00per day	\$ 300.00
(4) LTA Search fee	\$ 7.45
	<b><u>\$ 1874.43</u></b>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6327H
- (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: SHC6327H/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 13-Feb-2018  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6327 H			\$ 1,150.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,150.00
GST @ 7%				\$ 80.50
GRAND TOTAL				\$ 1,230.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



13 February 2018

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Seet Chin Beng of NRIC Number S1838879J is a registered driver of SHC6327H. Seet Chin Beng is paying daily rental rate of \$112.16 (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 read "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 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	06/02/2018 12:05
Date Of Accident	06/02/2018 08:50
Exact Location Of Accident	JUNCTION 8 - TAXI STAND (BISHAN)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6327H
<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	SEET CHIN BENG
NRIC No	S1838879J
Date Of Birth	10/10/1952
Occupation	OUTDOOR
Date Of Driving Pass	02/10/1978
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82461994
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 38 #06-97 TANGLIN HALT ROAD
Postcode	0314
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	CLEAR
Road Surface	DRY

#### 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)	1

#### 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 - NO PAX VEH. B - 1 PAX

#### 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	SJD2443C
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	HENG BOON PENG
NRIC/Passport Number	
Contact Number	97399876
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT LEFT PORTION
No. Of Passenger (Including Driver)	2

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

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





Describe Circumstance of the Accident.

ON 06/02/2018 @ 0850HRS, I WAS IN MY TAXI ( SHC 6327 H) STATIONARY ALONG THE TAXI STAND @ JUNCTION 8 (BISHAN).

I STOPPED MY TAXI AS VEHICLES AHEAD WERE STATIONARY TOWARDS THE TAXI QUEUE.

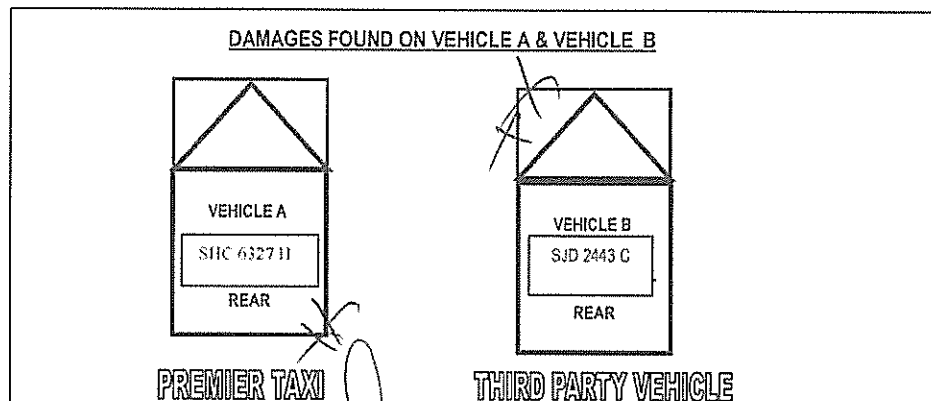
WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SJD 2443 C- SUBARU/WHITE ) WHICH WAS BEHIND ME, FAILED TO KEEP FOR PROPER LOOK OUT - HAD COLLIDED ONTO THE REAR RIGHT PORTION OF MY TAXI WHILE HE WAS MOVING OFF.

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

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD MY TAXI & VEHICLE B HAD A PASSENGER ONBOARD.




*Driver's Signature & NRIC Number*  
*Tuesday, February 06, 2018 @ 12:15:26 PM*

(attended by



*[Signature]*

<b>PREMIER TAXIS</b>	<b>HIRERY RELIEF / SUPER RELIEF</b>
VEHICLE NO.	SHC 6327H
CONTACT NO.	8246 1994
NEW MAILING ADDRESS (if any)	

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S1838879J




Name: SEET CHIN BENG  
薛真萌  
Race: CHINESE  
Date of Birth: 10-10-1952  
Country of Birth: SINGAPORE  
Sex: M



**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: S1838879J  
Name: SEET CHIN BENG  
Birth Date: 10 Oct 1952  
Issue Date: 04 Aug 2003



1292674

NRIC No: S1838879J

Blood Group: O+ Date of issue: 19-09-1993


Address: APT BLK 38 TANGLIN HALT ROAD #06-97 SINGAPORE 0314

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	02 Oct 1978
Class 2A Motorcycles between 201 cc and 400 cc	02 Oct 1978
Class 2 Motorcycles exceeding 400 cc	02 Oct 1978
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 Oct 1978


NP 428A

Licence No: S1838879J



**Land Transport Authority**

**VOCATIONAL LICENCE**



Licence No: S1838879J  
Name: SEET CHIN BENG  
Issue Date: 24/8/2005

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: 06 Jan 2015 / 10:14:20 Receipt No.: AACCK001-AX239-150106-000014

Asset Type: Vehicle Transaction Amount: \$65,460.00

Asset ID: SHC6327H Channel: AA Counterless - CYCLE &amp; CARRIAGE KIA PTE LTD

Transaction Type: 01.02 Register New Vehicle (AA)

Business Transaction Reference No.: 20150106101420169574

Vehicle No.: SHC6327H

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: 06 Jan 2015

Original Registration Date: 06 Jan 2015

Vehicle Make: KIA

Vehicle Model: OPTIMA 1.7(A) DIESEL

Chassis No.: KNAGM414MF5561402

Engine No.: D4EDEH311915

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: 2014

Open Market Value: \$20,238.00

Minimum PARF Benefit: \$7,700.00

PARF Eligibility: Y

No. of Transfer: 0

Effective Ownership Date/Time: 06 Jan 2015 10:14:20

COE No.: 2015010601001423W

COE Expiry Date: 05 Jan 2023

COE Bid Category: -

Actual QP/PQP Paid Amount: \$52,486.00

Lifespan Expiry Date: 05 Jan 2023

## 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 | : <b>SHC6327H</b>         |
| Chassis Number                                   | : KNAGM414MF5561402       |
| 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 : 06 Feb 2018 / 12:41:13

Receipt Date/Time : 06 Feb 2018 / 12:41:13

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-180206-000807

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 - SJD2443C				
As at 06 Feb 2018/08:50:00				
Insurance Co: LONPAC INSURANCE BHD				
1	Insurance Enquiry - SJD2443C			
	Enquiry Fee	7.00	0.49	7.49
	20180206124030130787			
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
Paid By				
	xxxxxxxxxxxx0416	Credit Card: Visa/MasterCard		7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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 SEET CHIN BENG	
NRIC S 1838879J	HANDPHONE 82461994
TAXI REGN NO. SHC 6327H	MAKE / MODEL K02
DATE IN 060218 TIME IN 1100	DATE OUT 080218 TIME OUT 1700
KILOMETRES IN FUEL IN E 1/4 1/2 3/4 F	KILOMETRES OUT FUEL OUT E 1/4 1/2 3/4 F

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

Seet Chin Beng x

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

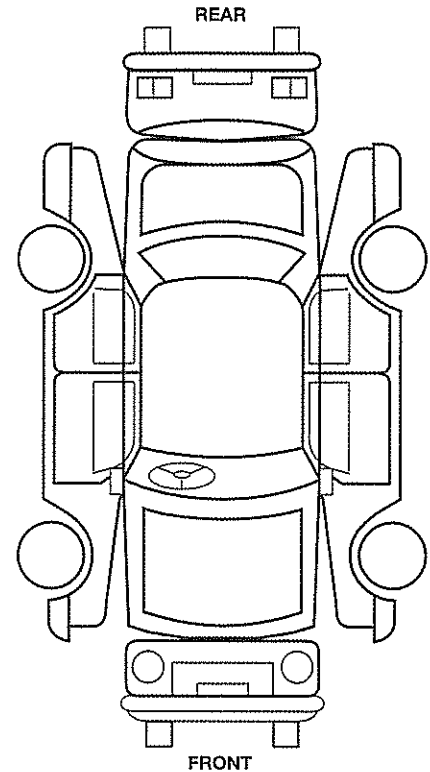
Seet Chin Beng x

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  
2 - Serious Dent  
3 - Light Scratch  
4 - Serious Scratch

5 - Damaged  
6 - Chip  
7 - Crack  
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 06.02.18 0850 <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	TP/V