

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: SHD1030R/GS

WITHOUT PREJUDICE

6th April 2018

(By Email Only)

Attn: The Motor Claims Department

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #16-00
Springleaf Tower
Singapore 079909

Dear Sir/Madam

ACCIDENT INVOLVING SHD1030R & SKA17S ALONG SLIP ROAD OF ORCHARD BOULEVARD INTO GRANGE ROAD ON 09.02.18

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHD1030R 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: SKA17S at the material time of the accident with the driver of our client's vehicle, Mr Lau Soon Leong

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SKA17S, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	1070.00 (Incl. GST)
(2) Loss of Rental - 10Days @\$108.93per day	\$	1089.30
(3) Loss of Income – 10Days @\$100.00per day	\$	1000.00
(4) LTA search fee	\$	7.45
	\$	<u>3166.75</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHD1030R
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, LTA search

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: SHD1030R/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

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 6-Apr-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1030 R			\$ 1,000.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,000.00
GST @ 7%				\$ 70.00
GRAND TOTAL				\$ 1,070.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



20 February 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Lau Soon Leong (Liu Shunlong) of NRIC Number S7717457E is a registered driver of SHD1030R. Lau Soon Leong (Liu Shunlong) is paying daily rental rate of \$108.93 (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
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 willful 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	09/02/2018 16:38
Date Of Accident	09/02/2018 15:55
Exact Location Of Accident	SLIP ROAD OF ORCHARD BLVD INTO GRANGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1030R
Insured/Policyholder	
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

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	LAU SOON LEONG
NRIC No	S7717457E
Date Of Birth	27/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	28/10/1997
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90665284
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 367 #5-93 TAMPINES ST 34
Postcode	520367
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	
Was any body injured in the Accident?	YES
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: : MR SHAB - PAX IN THE REAR SEAT 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

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 Witness 1

Name	MR SHAB - PAX IN VEH. A
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA17S
Vehicle Make/Model/Colour	PORSCHE
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	MS CYNTHIA SURYATI THE
NRIC/Passport Number	S7083462F
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

DAMAGED ON THE FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LAU SOON LEONG - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

FELT UNWELL & WILL SEEK FOR MEDICAL TREATMENT

Injured person in which vehicle?

SHD1030R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

MR SHAB - PAX IN VEH. A

Approximate Age

Injuries Sustain

HEADACHE

Injured person in which vehicle?

SHD1030R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DESCRIBE CIRCUMSTANCE OF THE ACCIDENT.

ON 09/02/2018 @ 1555HRS, I WAS DRIVING MY TAXI (SHD 1030 R) TRAVELLING ALONG THE SLIP ROAD OF ORCHARD BLVD INTO GRANGE ROAD WITH A PASSENGER ONBOARD.

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED.

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

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SKA 17S - PORSCHE) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

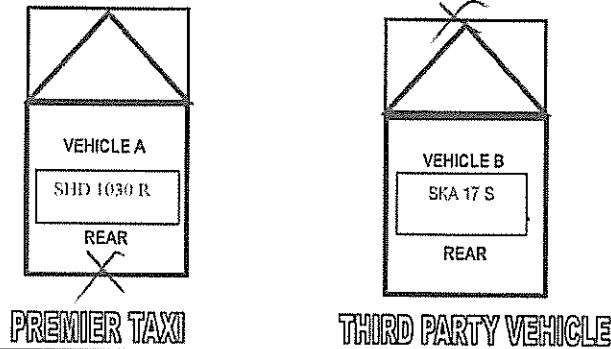
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

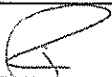
AS A RESULT, I FELT UNWELL & WILL SEEK FOR MEDICAL TREATMENT SOON. MY PASSENGER - MR SHAB WHOM WAS IN THE REAR SEAT, FELT SOME HEADACHE. NO AMBULANCE AT SCENE.

I WAS NOT AWARE OF PASSENGERS ONBOARD VEHICLE B.


*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



 57712457E
Driver's Signature & NRIC Number
Friday, February 09, 2018 @ 4:50:22 PM


(attended by)

 PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHD 1030R
CONTACT NO.	9066 5286
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7717457E**



Name
LAU SOON LEONG (LIU SHUNLONG)
刘 顺 隆

Race
CHINESE

Date of birth **27-06-1977** Sex **M** **S7717457E**

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7717457E**
Name: **LAU SOON LEONG (LIU SHUNLONG)**

Birth Date: **27 Jun 1977**
Issue Date: **22 Oct 2007**



001536204B

4073480



NRIC No. **S7717457E**



Date of issue
17-07-2007

Address
APT BLK 367 TAMPINES STREET 34 #05-93 SINGAPORE 520367


NRIC No: **S7717457E** Date: **26/07/2010** No: **6514803**

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

	PASS DATE
Class 2B Motorcycles =< 200 cc	26 Jan 1994
Class 2A Motorcycles between 201 cc and 400 cc	06 Nov 1997
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	28 Oct 1997
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	06 Apr 1999
Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	07 May 1999

NP 428A

Licence No: S7717457E




Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S7717457E**
Name: **LAU SOON LEONG**
Issue Date: **26/6/2013**

Please visit www.lta.gov.sg to check the status of this vocational licence



Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:	15 Jan 2016 / 09:08:51	Receipt No.:	AACCK001-AX239-160115-000006
Asset Type:	Vehicle	Transaction Amount:	\$68,666.00
Asset ID:	SHD1030R	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20160115090851635926		

Vehicle No.:	SHD1030R
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:	15 Jan 2016
Original Registration Date:	15 Jan 2016
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5658546
Engine No.:	D4DFDH314407
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:	\$22,299.00
Minimum PARF Benefit:	\$13,931.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	15 Jan 2016 09:08:51
COE No.:	2016011501003478Z
COE Expiry Date:	14 Jan 2024
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$45,307.00
Lifespan Expiry Date:	14 Jan 2024

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 : **SHD1030R**
Chassis Number : KNAGM414MF5658546
- 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 : UNITED OVERSEAS BANK LIMITED
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 : 09 Feb 2018 / 17:44:44

Receipt Date/Time : 09 Feb 2018 / 17:44:44

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180209-001546

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 - SKA17S As at 09 Feb 2018/15:55:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SKA17S Enquiry Fee 20180209174348208183	7.00	0.49	7.49
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.



CHECK IN / OUT VOUCHER

REPLACEMENT VEH GIVEN YES / NO

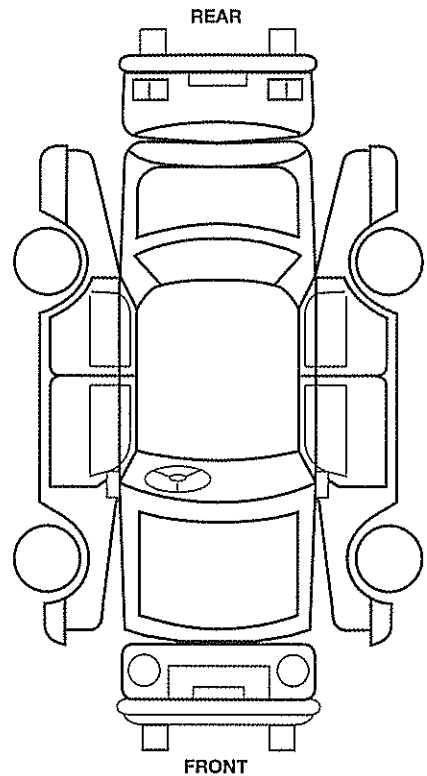
VEH NO. _____

JOB NO. _____

--	--	--	--	--	--

DRIVER'S NAME <u>Lau Soon Leong</u>			
NRIC	<u>S 7717457E</u>	HANDPHONE	<u>90665284</u>
TAXI REGN NO.	<u>SHD 1030K</u>	MAKE / MODEL	<u>KO2</u>
DATE IN	TIME IN	DATE OUT	TIME OUT
<u>09/02/18</u>	<u>1650</u>	<u>22/02/18</u>	<u>1500</u>
KILOMETRES IN	FUEL IN	KILOMETRES OUT	FUEL OUT
	<u>E 1/4 1/2 3/4 F</u>		<u>E 1/4 1/2 3/4 F</u>

INDICATE AREA OF DAMAGE HERE:



TAXI METER DOWNLOADED	DATE / TIME TOWED IN TO WORKSHOP
YES NO	<u>DDMMYY</u> <u>HHMM</u>
	DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION
	<u>DDMMYY</u> <u>HHMM</u>

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	CHECK OUT
<u>Lau Soon Leong</u>	<u>Lau Soon Leong</u>
DRIVER'S NAME	DRIVER'S NAME
DRIVER'S SIGNATURE / DATE / TIME	DRIVER'S SIGNATURE / DATE / TIME
CHECKED IN BY (PREMIER'S AUTHORISED WORKSHOP)	CHECKED OUT BY (PREMIER'S AUTHORISED WORKSHOP)

- 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>09/02/18</u> <u>1555</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	<p style="text-align: center;"><u>TP/W</u></p>