

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: SHD1847B/GS

WITHOUT PREJUDICE

23rd March 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 SHD1847B & SHB9901K ALONG SUNGEI ROAD - ROCHOR

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHD1847B, 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: SHB9901K at the material time of the accident with the driver of our client's vehicle, Mr Chin Yong Sheng Jonson

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SHB9901K, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$ 4815.00 (Incl. GST)
(2) Loss of Rental - 33Days @\$100.39per day	\$ 3312.87
(3) Loss of Income – 33Days @\$100.00per day	\$ 3300.00
	<u>\$ 11,427.87</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHD1847B
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher

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Our Ref: SHD1847B/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 23-Mar-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1847 B			\$ 4,500.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 4,500.00
GST @ 7%				\$ 315.00
GRAND TOTAL				\$ 4,815.00



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 Chin Yong Sheng Jonson of NRIC Number S7905347C is a registered driver of SHD1847B. Chin Yong Sheng Jonson 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", written over a circular stamp.

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. 20030497511

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	12/02/2018 16:53
Date Of Accident	09/02/2018 22:30
Exact Location Of Accident	SUNGEI ROAD - ROCHOR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1847B
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	CHIN YONG SHENG JONSON
NRIC No	S7905347C
Date Of Birth	06/02/1979
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98766678
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 200B #13-28 SENGKANG EAST ROAD
Postcode	542200
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 - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : PAX IN THE REAR SEAT - CHINESE GENDER: : FEMALE

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 - NO 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	SHB9901K
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	MALE CHINESE - DRIVER OF VEH. B
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB9901K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

[Signature]
57495347/c

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/2/18

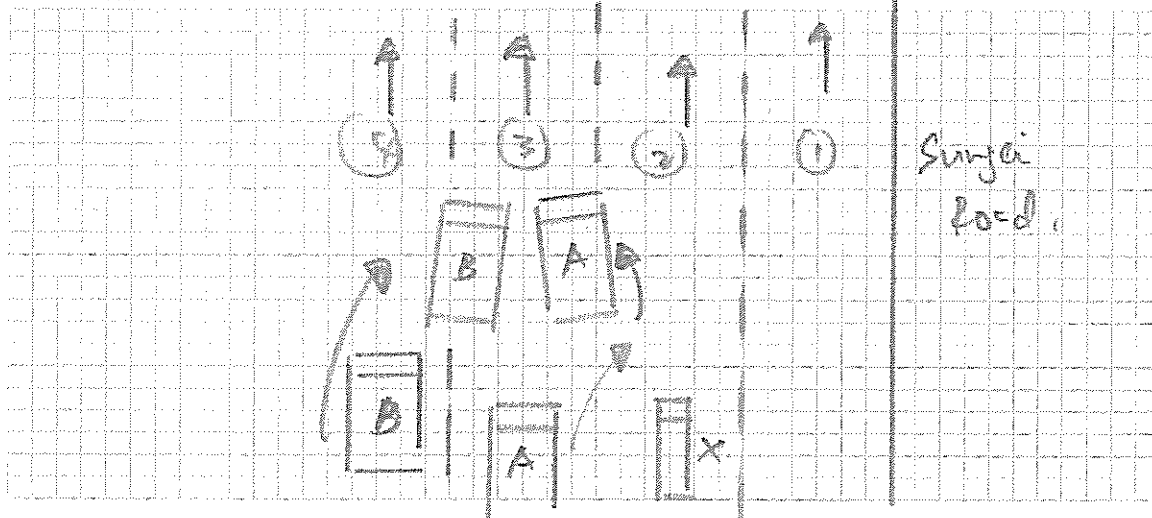
SHD 6847 B

12 FEB 2018

[Signature]

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A. SID 1847B

B. 91B 9901K.

DECLARATION

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

Policyholder's Signature _____

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/21/18

847 1847 B.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Describe Circumstance of the Accident.

ON 09/02/2018 @ 2230HRS, I WAS DRIVING MY TAXI (SHD 1847 B) TRAVELLING ALONG SUNGEI ROAD TOWARDS ROCHOR ROAD, WITH A PASSENGER ONBOARD IN LANE 3.

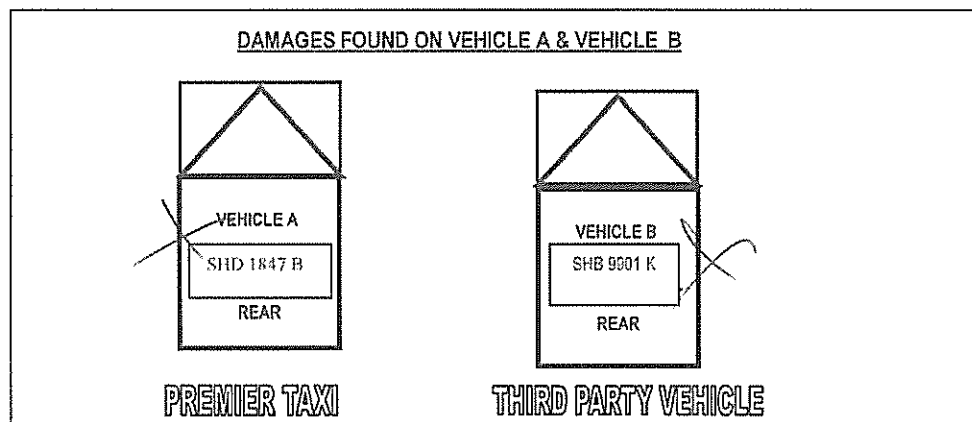
WHEN I WAS UNABLE TO FILTER INTO LANE 2, I SWERVED BACK INTO LANE 3 BUT SUDDENLY VEHICLE B (SHB 9901 K – TRANSCAB) WHICH WAS FROM LANE 4 – ENCROACHED ONTO MY PATH ON MY LEFT ABRUPTLY.

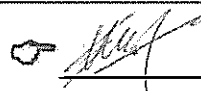
AS SUCH THE RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

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

DRIVER OF VEHICLE B WAS CONVEY TO THE HOSPITAL BY AMBULANCE.

NO PASSENGERS ONBOARD VEHICLE B.



 87906347 / C
Driver's Signature & NRIC Number
@ 5:01:00 PM

(attended by )

PREMIER
TAXIS

HIRER / RELIEF / SUPER RELIEF

VEHICLE NO.

SHD 1847B

CONTACT NO.

9876 6678

NEW MAILING
ADDRESS
(if any)

D/L: 07-02-2009

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7905347C



Name

CHIN YONG SHENG JONSON

陈 勇 升

Race

CHINESE

Date of birth

06-02-1979

Sex

M

S7905347C

Country of birth

SINGAPORE

4367975



NRIC No. S7905347C



Date of issue

12-03-2009

APT BLK 2008 SENGKANG EAST ROAD #13-28
SINGAPORE 542200

NRIC No: S7905347C

Date: 02/11/2016

Enquire Transaction History**Transaction History Details**

Log Date/Time:	22 Oct 2013 / 09:41:12	Receipt No.:	AACCK001-AX239-131022-000011
Asset Type:	Vehicle	Transaction Amount:	\$73,800.00
Asset ID:	SHD1847B	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20131022094112324475		

Vehicle No.:	SHD1847B
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:	22 Oct 2013
Original Registration Date:	22 Oct 2013
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5447569
Engine No.:	D4FDDH308111
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:	\$19,836.00
Minimum PARF Benefit:	\$7,401.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	22 Oct 2013 09:41:12
COE No.:	2013102201000934E
COE Expiry Date:	21 Oct 2021
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$61,324.00
Lifespan Expiry Date:	21 Oct 2021
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 : **SHD1847B**
 Chassis Number : KNAGM414ME5447569
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



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME CHIN YONG SHENG & JOHNSON	
NRIC S 7905347C	HANDPHONE 98766678
TAXI REGN NO. SHD1847B	MAKE / MODEL KOD
DATE IN 09/02/18	TIME IN 2355
DATE OUT 13/03/18	TIME OUT 1145
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

DDMMYY HHMM

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

DDMMYY HHMM

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

CHIN YONG SHENG JOHNSON

X

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

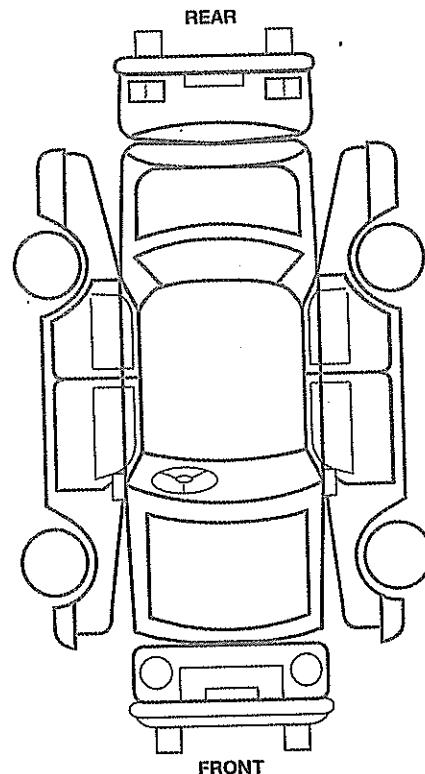
CHECK OUT

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

☐ SERVICING ☐ OTHERS:☐ T / BELT☐ AIRCON SYSTEM☐ TURBO☐ BRAKE SYSTEM☐ CLUTCH SYSTEM☐ BULB☐ UNDER CARRIAGE☐ CPF☐ BATTERY

ACCIDENT: DATE / TIME of ACCIDENT:

090218 2130

TP/V

DRIVER'S REMARKS