

# 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: SHD1830Z/GS

**WITHOUT PREJUDICE**

7<sup>th</sup> March 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 SHD1830Z & SJG5659L ALONG HOUGANG AVE 3 ON 12.02.18**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHD1830Z, 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: SJG5659L at the material time of the accident with the driver of our client's vehicle, Mr Har Sai Cheong

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SJG5659L, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	1016.50 (Incl. GST)
(2) Loss of Rental - 3Days @\$112.35per day	\$	337.05
(3) Loss of Income – 3Days @\$100.00per day	\$	300.00
(4) GIA Search fee	\$	2.00
	<b>\$</b>	<b><u>1655.55</u></b>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHD1830Z
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, GIA search

# **PREMIER AUTOMOTIVE SERVICES PTE LTD**

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SINGAPORE 486443

TEL:65446671 FAX:62141511

CO. REG:200707743D GST REG:200707743D

Our Ref: SHD1830Z/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 7-Mar-2018  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR TOYOTA PRIUS REGN NO: SHD 1830 Z			\$ 950.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 950.00
GST @ 7%				\$ 66.50
GRAND TOTAL				\$ 1,016.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



22 February 2018

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Har Sai Cheong of NRIC Number S1608810B is a registered driver of SHD1830Z. Har Sai Cheong is paying daily rental rate of \$112.35 (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: Hasnah

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. 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	14/02/2018 13:15
Date Of Accident	12/02/2018 15:20
Exact Location Of Accident	HOUGANG AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1830Z
<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	TOYOTA
Model	PRIUS-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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	HAR SAI CHEONG
NRIC No	S1608810B
Date Of Birth	09/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1984
Driving Experience	33 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91859107
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 842G TAMPINES ST 82 #03-100
Postcode	527842
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)	2
Passenger 1	NAME: : FEMALE 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

PLEASE REFER TO ATTACHED

#### 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	SJG5659L
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	LEE LEUNG KIN
NRIC/Passport Number	S2613929E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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: E. G. G. G.  
NRIC/FIN No.: ...

### Sketch Plan #2

### SKETCH PLAN

Hand-drawn diagram on graph paper showing a vertical structure with four houses. The houses are labeled from top to bottom: 4, 3, A, and B. A vertical line runs through the center of the houses. To the left of the houses, the text "Hogang Ave 3" is written. To the right of the houses, the text "A) SHD1830Z" and "B) SIG5659L" is written. A downward arrow is drawn to the right of the houses.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

## 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:

Reporting Centre Personnel's Signature  
Name: Gary  
NRIF/TIN No:



Sketch Plan #3

Describe Circumstance of the Accident.

ON 12.02.18 AT ABOUT 1520HRS. MY VEHICLE (SHD1830Z) WAS TRAVELLING EXTREME RIGHT LANE OF HOUGANG AVE 3. WHEN SEEING THE VEHICLES INFRONT OF ME STOPPED, I PROCEEDED TO SLOW DOWN MY VEHICLE AND CAME TO A STOP TOO. SUDDENLY VEHICLE B (SJG5659L - HONDA STREAM) CAME FROM BEHIND AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

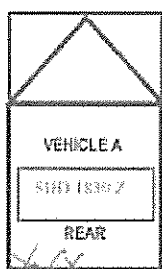
DUE TO THE IMPACT, MY VEHICLE WAS DAMAGED ON THE REAR PORTION AND VEHICLE B WAS DAMAGED ON THE FRONT PORTION.

MY VEHICLE HAD 1 FEMALE CHINESE PASSENGER ON BOARD AND VEHICLE B HAVE NO PASSENGER

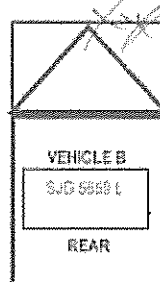
NO INJURY INVOLVED.

\*\*VIDEO FOOTAGE CAPTURED BY MY IN-CAR CAMERA AND SCENE VIDEO TAKEN.


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI




THIRD PARTY  
VEHICLE

 516088101B

Driver's Signature & NRIC Number

Wednesday, February 14, 2018 @ 1:13:03 PM

(attended by )



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

Log Date/Time:	20 Jun 2013 / 09:13:06	Receipt No.:	AABMO001-LK033-130620-000013
Asset Type:	Vehicle	Transaction Amount:	\$60,544.00
Asset ID:	SHD1830Z	Channel:	AA Counterless - BORNEO MOTORS (SINGAPORE) PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20130620091306915792		

Vehicle No.:	SHD1830Z
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:	20 Jun 2013
Original Registration Date:	20 Jun 2013
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI
Chassis No.:	JTDKN36U905611458
Engine No.:	2ZR5721405
Motor No.:	3JM5721405
Trailer Chassis No.:	-
Propellant:	Petrol-Electric
Passenger Capacity:	4
Engine Capacity:	1798
Power Rating:	60.00
Unladen Weight:	1370
Maximum Laden Weight:	1805
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2013
Open Market Value:	\$33,120.00
Minimum PARF Benefit:	\$5,020.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	20 Jun 2013 09:13:06
COE No.:	2013062001001094H
COE Expiry Date:	19 Jun 2021
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$52,036.00
Lifespan Expiry Date:	19 Jun 2021
Owner ID Type:	Company
Owner ID:	200304975H

## 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** : 5084895522

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1830Z**  
Chassis Number : JTDKN36U905611458
2. Name of Policyholder : PREMIER TAXIS PTE LTD
3. Effective Date of Insurance : 20 Oct 2016
4. Expiry Date of Insurance : 19 Oct 2017
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)

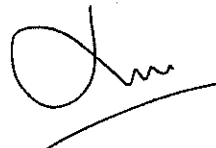
Agency : HL SUNTEK INSURANCE BROKERS PTE LTD (00000690672)  
Date of Issue : 13 Oct 2016 17:12 hrs

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

**Countersigned By:**



\_\_\_\_\_  
**Authorised Officer**



\_\_\_\_\_  
**Chief Executive**



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-18-024829  
Date of Request: 14/02/2018

Your Ref No: Online Purchase

Premier Automotive Services Pte Ltd  
23 Changi South Ave 2  
#01-02  
Singapore 486443

Dear Sir/Madam,

Enquiry Date 14/02/2018  
Enquiry By GOH WEE DEK  
TP Vehicle No. SJG5659L  
Accident Date 12/02/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJG5659L	Lonpac Insurance Bhd	07/07/2017-06/07/2018	+65 62507388

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735**TAX INVOICE**

Our Ref No: GR-18-024829

Date of Request: 14/02/2018

Your Ref No: Online Purchase

Premier Automotive Services Pte Ltd  
23 Changi South Ave 2  
#01-02  
Singapore 486443

Dear Sir/Madam,

Enquiry Date 14/02/2018  
Enquiry By GOH WEE DEK  
TP Vehicle No. SJG5659L  
Accident Date 12/02/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

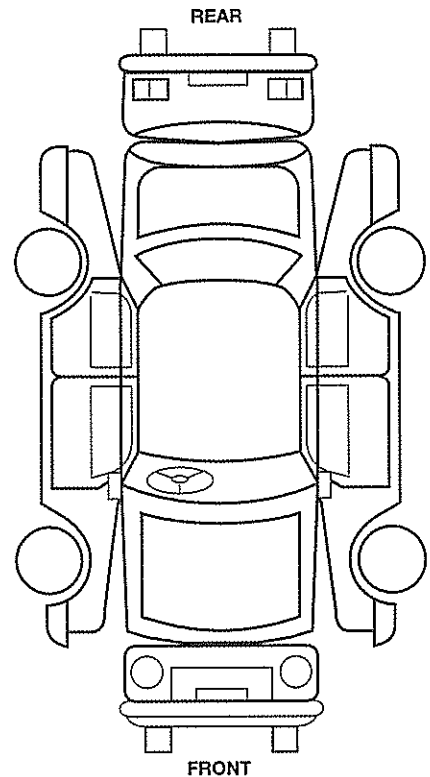
Date:

☒ GIRO ☐ Cash ☐ Cheque

**CHECK IN / OUT VOUCHER**

DRIVER'S NAME <u>Har Sai Cheong</u>	
NRIC <u>S 1608810B</u>	HANDPHONE <u>91859107</u>
TAXI REGN NO. <u>S H D18307</u>	MAKE / MODEL <u>Toyota Prius</u>
DATE IN <u>210218</u> TIME IN <u>0930</u>	DATE OUT <u>230218</u> TIME OUT <u>1535</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>

INDICATE AREA OF DAMAGE HERE:



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**
**CHECK OUT**
Har Sai Cheong  
 DRIVER'S NAME

Har Sai Cheong  
 DRIVER'S NAME

[Signature]  
 DRIVER'S SIGNATURE / DATE / TIME

[Signature]  
 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 <input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS: <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO    D: D M M Y Y H: H M M <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>	DRIVER'S REMARKS         
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