

# 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: SHC6106D/GS

**WITHOUT PREJUDICE**

23<sup>rd</sup> March 2018

**(By Email Only)**

**Attn: The Motor Claims Department**

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

Dear Sir/Madam

## **ACCIDENT INVOLVING SHC6106D & SHD9512P ALONG CENTRAL BOULEVARD / SHEARES AVE ON 05.03.18**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6106D, 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: SHD9512P at the material time of the accident with the driver of our client's vehicle, Mr Moy Kim Hoong

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SHD9512P, 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 - 4Days @\$108.93per day	\$	435.72
(3) Loss of Income – 4Days @\$100.00per day	\$	400.00
	<b>\$</b>	<b><u>2066.22</u></b>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6106D
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, Scene video

# **PREMIER AUTOMOTIVE SERVICES PTE LTD**

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SINGAPORE 486443

TEL:65446671 FAX:62141511

CO. REG:200707743D GST REG:200707743D

Our Ref: SHC6106D/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 23-Mar-2018  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6106 D			\$ 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)



15 March 2018

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Moy Kim Hoong (Mei Jianxiong) of NRIC Number S7238606Z is a registered driver of SHC6106D. Moy Kim Hoong (Mei Jianxiong) 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 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	05/03/2018 16:55
Date Of Accident	05/03/2018 16:00
Exact Location Of Accident	CENTRAL BLVD // SHEARES AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6106D
<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

### 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	MOY KIM HOONG
NRIC No	S7238606Z
Date Of Birth	06/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98950206
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 102C #07-414 PUNGGOL FIELD
Postcode	823102
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	SIDE SWIPE
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: : PAX IN THE REAR SEAT - FOREIGNER/INDONESIAN 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

BOTH VEHICLES - 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	SHD9512P
Vehicle Make/Model/Colour	TRANSCAB TAXI
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)	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:

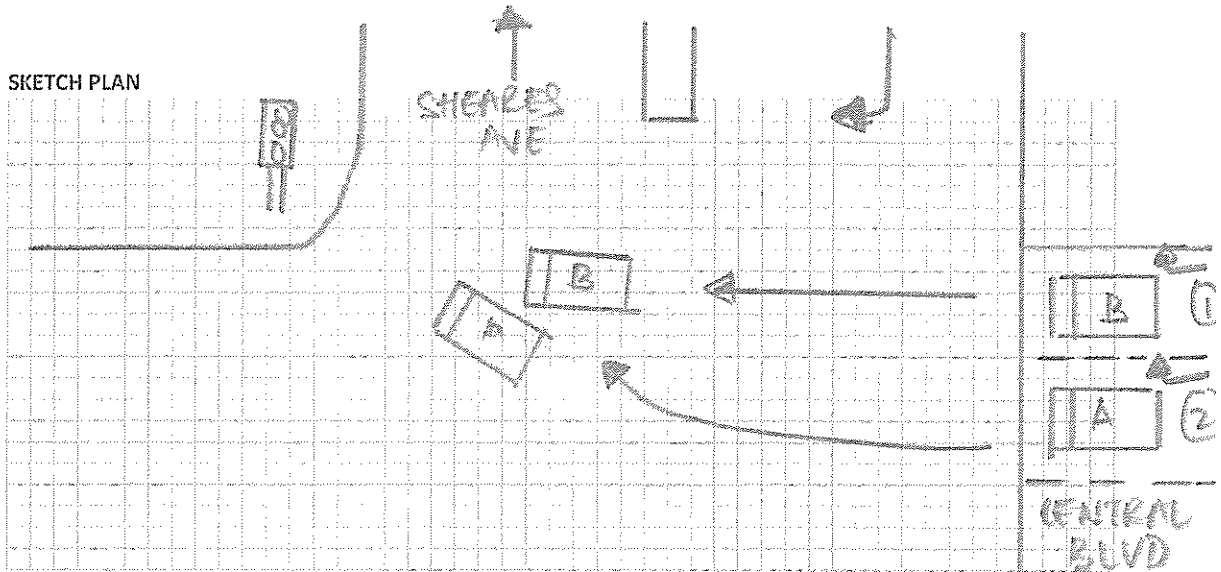
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SHC 6106 D  
S9238606/Z

- 5 MAR 2010

### SKETCH PLAN



A: SHC6106 D

B: SHD9512 P

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

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



Describe Circumstance of the Accident.

ON 05/03/2018 @ 1600HRS, I WAS DRIVING MY TAXI ( SHC 6106 D) TRAVELLING ALONG CENTRAL BLVD AT THE TRAFFIC LIGHT JUNCTION OF SHEARES AVE, WITH A PASSENGER ONBOARD, IN LANE 2.

TRAFFIC LIGHT TURNED GREEN ON MY ROUTE FAVOUR & I PROCEED AHEAD – MAKING MY RIGHT TURN INTO SHEARES AVE, BUT SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SHD 9512 P – TRANSCAB ) WHICH IN LANE 1, FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO KEEP IN LANE, HAD ENCROACHED ONTO MY RIGHT.

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

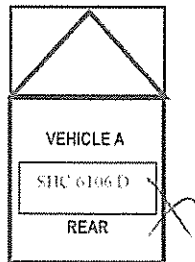
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT REAR PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT LEFT PORTION.

NO INJURY INVOLVED.

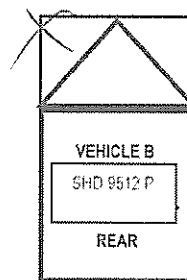
VEHICLE B HAD A PASSENGER ONBOARD.

\*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE




57238606/2


Driver's Signature & NRIC Number

@ 5:04:26 PM

( attended by )

 <b>PREMIER</b> TAXIS	<b>HIRER / RELIEF / SUPER RELIEF</b>
VEHICLE NO.	<b>SIC 6106D</b>
CONTACT NO.	<b>98950206</b>
NEW MAILING ADDRESS (if any)	<b>/</b>

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S7238606Z**



Name  
**MOY KIM HOONG**  
**(MEI JIANXIONG)**  
**梅健雄**

Race  
**CHINESE**

Date of Birth  
**06-10-1972**

Sex  
**M**

Country of Birth  
**SINGAPORE**


**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S7238606Z**


Name  
**MOY KIM HOONG**  
**(MEI JIANXIONG)**

Birth Date: **06 Oct 1972**


Issue Date: **27 Jun 2013**

002195707A



NRIC No. **S7238606Z**



Blood Group  
-

Date of issue  
**07-06-2003**

Address  
**APT BLK 102C PUNGGOL FIELD**  
**#07-414**  
**SINGAPORE 823102**


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

**EFFECTIVE DATE**

**Class 3 - Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg** **02 Apr 1993**

**NP 428A**

**Licence No: S7238606Z**



*Handwritten:* 98950206, 98950206, 1095

**Land Transport Authority**


**VOCATIONAL LICENCE**

Licence No: **S7238606Z**

Name: **MOY KIM HOONG**

Issue Date: **21/6/2016**

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:	07 Aug 2014 / 08:36:52	Receipt No.:	AACCK001-AX239-140807-000003
Asset Type:	Vehicle	Transaction Amount:	\$62,506.00
Asset ID:	SHC6106D	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140807083652330533		
Vehicle No.:	SHC6106D		
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:	07 Aug 2014		
Original Registration Date:	07 Aug 2014		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414ME5464712		
Engine No.:	D4FDDH307933		
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:	\$19,778.00		
Minimum PARF Benefit:	\$7,366.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	07 Aug 2014 08:36:52		
COE No.:	2014080701001096G		
COE Expiry Date:	06 Aug 2022		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$50,088.00		
Lifespan Expiry Date:	06 Aug 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 : **SHC6106D**  
Chassis Number : KNAGM414ME5464712
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 <u>Moy Kim Hoong</u>											
NRIC <u>S 7238 6662</u>	HANDPHONE <u>9895 0206</u>										
TAXI REGN NO. <u>S H C 61062</u>	MAKE / MODEL <u>K02</u>										
DATE IN <u>050318</u> TIME IN <u>1700</u>	DATE OUT <u>080318</u> TIME OUT <u>1540</u>										
KILOMETRES IN _____ FUEL IN <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F	KILOMETRES OUT _____ FUEL OUT <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F
E	1/4	1/2	3/4	F							
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.

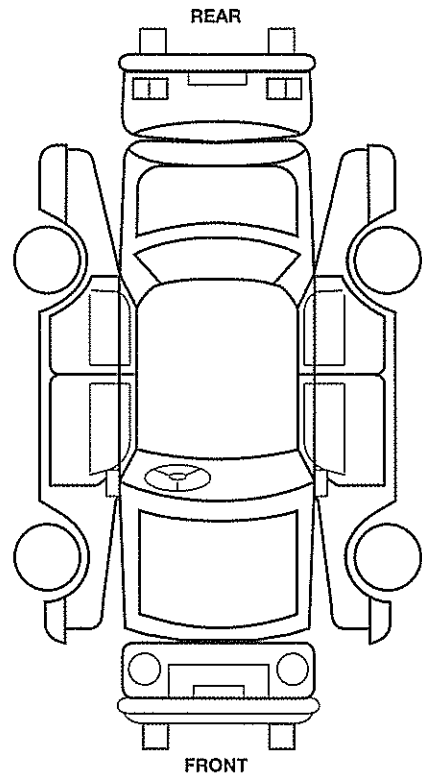
## CHECK IN

Moy Kim Hoong  
DRIVER'S NAME[Signature]  
DRIVER'S SIGNATURE / DATE / TIMECHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

## CHECK OUT

Moy Kim Hoong  
DRIVER'S NAME[Signature]  
DRIVER'S SIGNATURE / DATE / TIMECHECKED OUT BY  
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



FRONT

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																				
<table border="0"><tr><td><input type="checkbox"/> SERVICING</td><td><input type="checkbox"/> OTHERS:</td></tr><tr><td><input type="checkbox"/> T / BELT</td><td></td></tr><tr><td><input type="checkbox"/> AIRCON SYSTEM</td><td><input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</td></tr><tr><td><input type="checkbox"/> TURBO</td><td><u>050318 1600</u></td></tr><tr><td><input type="checkbox"/> BRAKE SYSTEM</td><td><u>TP/G</u></td></tr><tr><td><input type="checkbox"/> CLUTCH SYSTEM</td><td></td></tr><tr><td><input type="checkbox"/> BULB</td><td></td></tr><tr><td><input type="checkbox"/> UNDER CARRIAGE</td><td></td></tr><tr><td><input type="checkbox"/> CPF</td><td></td></tr><tr><td><input type="checkbox"/> BATTERY</td><td></td></tr></table>	<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>050318 1600</u>	<input type="checkbox"/> BRAKE SYSTEM	<u>TP/G</u>	<input type="checkbox"/> CLUTCH SYSTEM		<input type="checkbox"/> BULB		<input type="checkbox"/> UNDER CARRIAGE		<input type="checkbox"/> CPF		<input type="checkbox"/> BATTERY		
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