## 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: SHB8676S/GS

WITHOUT PREJUDICE

31st August 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 SHB8676S & SDS1332M ALONG ANG MO KIO AVE 3 & SERANGOON NORTH AVE 1 ON 10.07.18

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHB8676S, 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: SDS1332M at the material time of the accident with the driver of our client's vehicle, Mr Tham Chee Meng

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SDS1332M, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	1166.30 (Incl. GST)
(2) Loss of Rental - 4Days @\$114.06per day	\$	456.24
(3) GIA Search Fee	<u>\$</u>	2.00
	\$	1624.54

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

- (1) Final Repair Bill, GIA report & sketch plan of SHB8676S
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, GIA search & Scene video

## 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: SHB8676S/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

## **TAX INVOICE**

PREMIER TAXIS PTE LTD 23 CHANGI SOUTH AVENUE 2 #03-02 SINGAPORE 486443 DATE

31-Aug-2018

**PAGE** 

1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT		
	FINAL REPAIR BILL FOR KIA OPTIMA			\$	1,090.00	
	REGN NO: SHB 8676 S					
					*	
		3	-		2	
	\$	1,090.00				
	\$	76.30				
	\$	1,166.30				

for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



18 July 2018

To Whom It May Concern

Dear Sir/Madam

### **CERTIFICATION LETTER**

This letter serves to inform that Tham Chee Meng of NRIC Number \$1717357Z is a registered driver of SHB8676S. Tham Chee Meng is paying daily rental rate of \$114.06 (Inclusive of GST).

Should you require further information, please contact us at 6214 8880.

Thank you.

Yours sincerely

Kellie Poh

Administration Manager

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
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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	12/07/2018 11:08
Date Of Accident	10/07/2018 21:50
Exact Location Of Accident	ANG MO KIO AVE 3 & SERANGOON NORTH AVE 1
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB8676S
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

YES Fleet Policy

5095103893 Policy Number

Cover Note Number

## Driver

THAM CHEE MENG Name of Driver

NRIC No S1717357Z 23/08/1965 Date Of Birth **OUTDOOR** Occupation 06/09/1985 Date Of Driving Pass

32 YEARS AND 10 MONTHS **Driving Experience** 

Gender MALE

Mobile Number (LOCAL) +65-86783858

Fax Number

Contact Number

EMail Address **NOEMAIL**  Address

BLK 116B #03-26 RIVERVALE DRIVE

Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - SUPER RELIEF - ANG MO KIO

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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?

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** 

BOTH VEHICLES - 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

SDS1332M

Vehicle Make/Model/Colour

M/BENZ VEH. B

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

MALE CHINESE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

THAM CHEE MENG - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

FELT UNWELL & WILL SEEK FOR MEDICAL TREATMENT

SHB8676S

YES

NO

#### Sketch Plan Pg. 1

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

x 1717757/2

Date & Time:

SAIN 86765

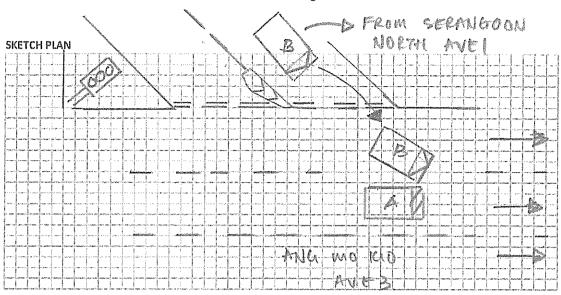
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

12 JUL 2013

profiles sentiment of the





#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 8676 S
B: SDS 1332M.

DECLARATION

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

12 JUL 2018

Policyholder's Signature Date & Time:

Contains Security Continues to

Driver's Signature (If driver is not the policyholder)

Date & Time:

3 1717357/2

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.;

#### Sketch Plan Pg. 3

## Describe Circumstance of the Accident.

ON 10/07/2018 @ 2150HRS, I WAS DRIVING MY TAXI (SHB 8676~S) TRAVELLING ALONG ANG MO KIO AVE 3 IN THE MIDDLE LANE TOWARDS THE TRAFFIC LIGHT JUNCTION OF SERANGOON NORTH AVE 1.

TRAFFIC LIGHT WAS GREEN ON MY ROUTE FAVOUR & I PROCEED STRAIGHT AHEAD – WITHIN MY LANE, BUT SUDDENLY VEHICLE B (SDS 1332 M – M/BENZ) WHICH WAS EXITING FROM THE SLIP ROAD OF SERANGOON NORTH AVE 1 – FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO STOP TO GIVE WAY TO ONCOMING VEHICLES FROM MY ROUTE, HAD MOVED OFF AHEAD & ENCROACHED ONTO MY PATH ON MY LEFT FRONT ABRUPTLY.

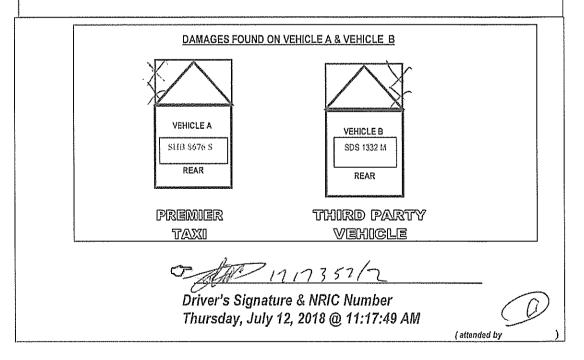
AS SUCH, THE RIGHT FRONT OF VEHICLE B COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI.

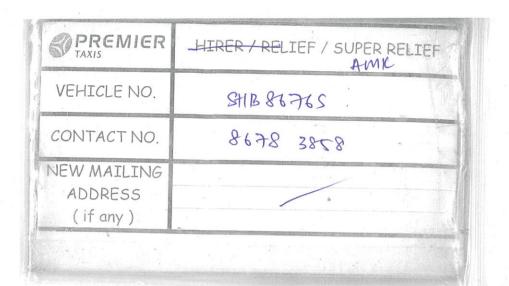
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT FRONT PORTION AND VEHICLE B HAD DAMAGES ON THE RIGHT FRONT PORTION.

AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD BOTH VEHICLES.

**\*VIDEO FOOTAGE CAPTURED.** 





## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1717357Z



Name

THAM CHEE MENG

謹 Race

明 CHINESE

Date of birth 23-08-1965

Country of birth SINGAPORE

## BLIC OF SINGAPORE DRIVING LICENC



Licence Number: S 1 7 1 7 3 5 7 Z Name

THAM CHEE MENG

Birth Date: 23 Aug 1965 Issue Date: 05 Feb 2004



#### 3507378





Date of issue

08-04-2004

APT BLK 116B RIVERVALE DRIVE #03-26 SINGAPORE 542116

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

Class 3 Class 4 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Heavy Motor Cars and Motor Tractors the

Class 5

weight of which unladen exceeds 2500 kilograms Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

06 Sep 1985

06 Mar 1992

18 Jun 1992

Licence No: S1717357Z

NP 428A





**VOCATIONAL LICENCE** 

Licence No: S1717357Z Name : THAM CHEE MENG

Issue Date : 26/9/2012

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

## **Enquire Transaction History**

Transaction History Details

Log Date/Time:

18 Nov 2013 / 11:08:56

Receipt No.:

AACCK001-AX239-131118-000020

Asset Type:

Vehicle

Transaction Amount:

\$75,658,00

Asset ID:

SHB8676S

Channel:

AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type:

01.02 Register New Vehicle (AA)

**Business Transaction** 

Reference No.:

20131118110856468578

Vehicle No.:

SHB8676S

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: 18 Nov 2013

Original Registration

Date:

18 Nov 2013

Vehicle Make:

KΙΑ

Vehicle Model:

OPTIMA 1.7(A) DIESEL

Chassis No.:

KNAGM414ME5451598

Engine No.:

D4FDDH308720

Motor No.:

Trailer Chassis No.: Propellant:

Diesel

Passenger Capacity:

4

**Engine Capacity:** 

1685

Power Rating:

1584

Unladen Weight: Maximum Laden

Weight:

2050

Primary Color:

Silver

2013

Secondary Color:

Manufacturing Year: Open Market Value:

\$19,721.00

Minimum PARF

Benefit:

\$7,332.00

PARF Eligibility:

No. of Transfer:

Effective Ownership

Date/Time:

18 Nov 2013 11:08:56 2013111801000844W

COE No.:

COE Expiry Date:

17 Nov 2021

COE Bid Category:

Actual QP/PQP Paid

Amount:

\$63,297 00

Lifespan Expiry Date:

17 Nov 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

Chassis Number

: SHB8676S

KNAGM414ME5451598

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)** 

\$\$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** 

Invoice Page 1 of 2



# 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-18-106655

Date of Request:

12/07/2018

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd 23 Changi South Ave 2

#01-02

Singapore 486443

Dear Sir/Madam,

Enquiry Date

12/07/2018

Enquiry By

GARY SHI GUO RONG

TP Vehicle No. Accident Date

SDS1332M 10/07/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SDS1332M	AXA Insurance Pte Ltd	29/09/2017-28/09/2018	6338 7288

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.



## **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-18-106655

Date of Request:

12/07/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

**Enquiry Date** 

12/07/2018

**Enquiry By** 

GARY SHI GUO RONG

TP Vehicle No.

SDS1332M

Accident Date

10/07/2018

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:

[X] GIRO [] Cash [] Cheque



VEH NO	D							
			ال	0B 1	١٥.			
	- 1	- 1	1	- 1	1	- 1	1	- 1

## CHECK IN / OUT VOUCHER

DRIVER'S NAME	ram Chee 1		C SUPER RELIEF)	INDICATE AREA O	F DAMAGE HERE:
NRIC S LA LE	73572	HAMPHONE 86	783858	RE/	AR
TAXI REGN NO. S H	1886765	MAKE / MODEL	CO2_		
DATE IN 12 67-18	TIME IN	DATE OUT	TIME OUT		
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 DOWNLO	MUED			( ))_\\	> <u>/((</u> )
YES	NO	DDMMYY	H H M M: IIVER FOR VEHICLE COLLECTION H H M M		
THAT THE SAME IS IN TOGETHER WITH TH	I GOOD CONDITION AN	D TO MY SATISFACTI IS LIST ABOVE, THIS IEEMENT,	OVE SAID VEHICLE AND ON IN EVERY RESPECT VOUCHER IS USED IN		
CHE	ECK IN	CHE	CK OUT		
Thigh I Many		DRIVER'S NAME			
DRIVER'S SIGNATURE	E/DATE/TIME	DRIVER'S SIGNAT	JRE / DATE / TIME		
CHECKER IN BALL (PREMIER'S AUTHOR	ISED WORKSHOP)	CHECKED OUT BY OBEINER'S AUTH	ORISED WORKSHOP)	FRC 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		
SERVICING T/BELT AIRCON SYSTEM TURBO BRAKE SYSTEM CLUTCH SYSTEM BULB UNDER CARRIAG CPF BATTERY	1916	and the same of th	-NMH-AMK		