

# 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: SHD1876S/GS

**WITHOUT PREJUDICE**

30<sup>th</sup> July 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 SHD1876S & SHD9139J ALONG CHANGI AIRPORT – T3 LINK SOUTH ON 14.07.18**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHD1876S, 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: SHD9139J at the material time of the accident with the driver of our client's vehicle, Mr Ho Eng Quee

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SHD9139J, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	3156.50 (Incl. GST)
(2) Loss of Rental - 10Days @\$102.72per day	\$	1027.20
	\$	<b><u>4183.70</u></b>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHD1876S
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher & Scene video

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Our Ref: SHD1876S/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 28-Jul-2018  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1876 S			\$ 2,950.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 2,950.00
GST @ 7%				\$ 206.50
GRAND TOTAL				\$ 3,156.50

  
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 Ho Eng Quee of NRIC Number S7043304D is a registered driver of SHD1876S. Ho Eng Quee is paying daily rental rate of \$102.72 (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 "Kellie Poh", written over a circular stamp.

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](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	16/07/2018 10:03
Date Of Accident	14/07/2018 00:05
Exact Location Of Accident	CHANGI AIRPORT - T3 LINK SOUTH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1876S
<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
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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	HO ENG QUEE
NRIC No	S7043304D
Date Of Birth	26/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1993
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93831199
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 454 #08-575 SIN MING AVE
Postcode	570454
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 - CROSS JUNCTION
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	SHD9139J
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	QUEK CIN CHIONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE RIGHT REAR
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	HO ENG QUEE - 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

LEG PAIN & WILL SEEK FOR MEDICAL TREATMENT

SHD1876S

YES

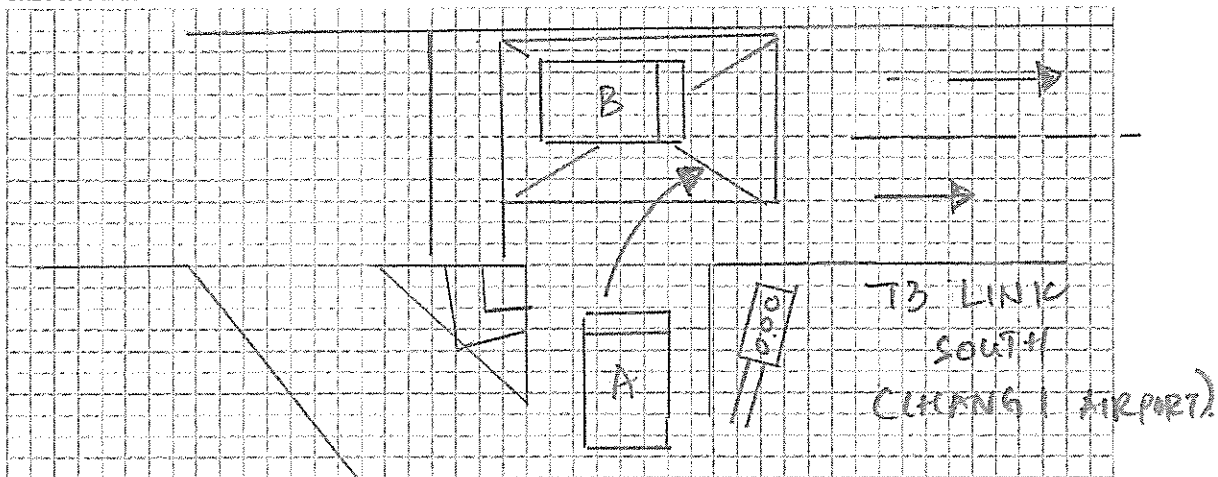
NO





**Sketch Plan Pg. 2**

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1876S

B: SHD 9139J.

## 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:  
NRIC/FIN No.:

Environ Biol Fish (2015) 98:1031–1042

S 7043304/1D

16 JUL 2018

Describe Circumstance of the Accident.

ON 14/07/2018 AT ABOUT 0005HRS, I WAS DRIVING MY TAXI ( SHD 1876 S ) TRAVELLING ALONG T-JUNCTION OF T3 LINK SOUTH (CHANGI AIRPORT).

I STOPPED MY TAXI - AS TRAFFIC LIGHT WAS RED AT THE POINT OF TIME & PROCEED AHEAD, WHEN IT CHANGED GREEN - ON MY ROUTE FAVOUR.

WHILE I WAS MOVING AHEAD - TO TURN RIGHT, SUDDENLY VEHICLE B ( SHD 9139 J - TRANSCAB ) WHICH WAS APPROACHING FROM THE LEFT SIDE OF THE JUNCTION, FAILED TO KEEP FOR PROPER LOOK OUT, FAILED TO OBEY THE TRAFFIC LIGHT - THUS MOVED OFF AHEAD, BEATING THE RED TRAFFIC LIGHT (ON HIS ROUTE) & ENCROACHED ONTO MY PATH ON MY FRONT ABRUPTLY.

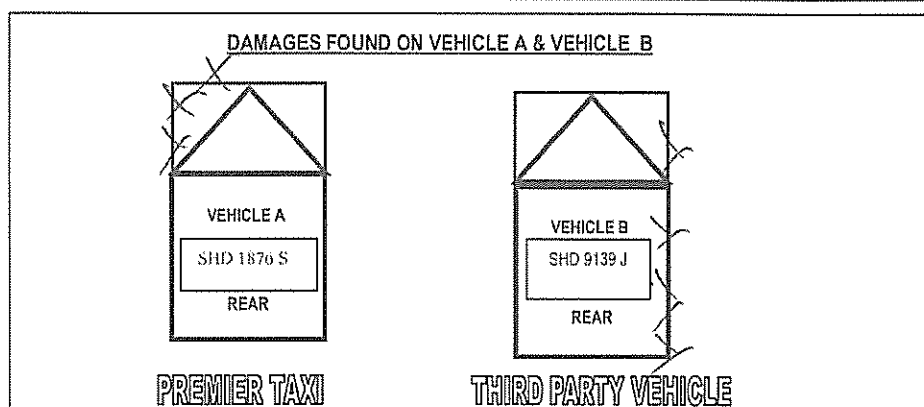
UPON SEEING IT, I WAS UNABLE TO STOP IN TIME AND WAS FORCED TO COLLIDE ONTO THE RIGHT PORTION OF VEHICLE B.

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

AS A RESULT, I FELT PAIN ON MY LEGS AND WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD BOTH VEHICLE.

\*VIDEO FOOTAGE CAPTURED.



 S 7043304/D

Driver's Signature & NRIC Number  
@ 10:12:32 AM

(attended by )

<b>PREMIER TAXIS</b>	<b>HIRER / RELIEF / SUPER RELIEF</b>
VEHICLE NO.	S1D 1876S
CONTACT NO.	9383 1199.
NEW MAILING ADDRESS (if any)	

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO: S7043304D




Name: **HO ENG QUEE**  
**何永贵**  
Race: **CHINESE**  
Date of Birth: **26-11-1970** Sex: **M**  
Country of Birth: **SINGAPORE**

S7043304D

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7043304D**  
Name: **HO ENG QUEE**  
Birth Date: **26 Nov 1970**  
Issue Date: **17 Dec 2002**



000040079A

0049573



NRIC No: **S7043304D**



Blood Group: **O+** Date of issue: **19-08-1991**

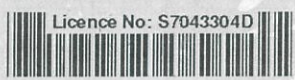
**APT BLK 454 SIN MING AVENUE #08-575**  
**SINGAPORE 570454**  
**S7043304D 04/08/2013**

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	18 Nov 1992
Class 2A Motorcycles between 201 cc and 400 cc	15 Feb 1994
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Aug 1993

NP 428A


Licence No: S7043304D



**Land Transport Authority**

**VOCATIONAL LICENCE**

Licence No: **S7043304D**  
Name: **HO ENG QUEE**  
Issue Date: **6/7/2006**



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:	23 Dec 2014 / 09:35:55	Receipt No.:	AACCK001-AX239-141223-000009
Asset Type:	Vehicle	Transaction Amount:	\$64,642.00
Asset ID:	SHD1876S	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141223093555019623		

Vehicle No.:	SHD1876S
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)

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First Registration Date:	23 Dec 2014
Original Registration Date:	23 Dec 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5561650
Engine No.:	D4FDEH311913
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:	2014
Open Market Value:	\$20,238.00
Minimum PARF Benefit:	\$7,700.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	23 Dec 2014 09:35:55
COE No.:	2014122301001646N
COE Expiry Date:	22 Dec 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$51,668.00
Lifespan Expiry Date:	22 Dec 2022

## 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 : **SHD1876S**  
Chassis Number : KNAGM414MF5561650
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**

**CHECK IN / OUT VOUCHER**

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

DRIVER'S NAME <u>Ho Eng Quee</u>	
NRIC <u>S 70433040</u>	HANDPHONE <u>93831199</u>
TAXI REGN NO. <u>S H D 18765</u>	MAKE / MODEL <u>K02</u>
DATE IN <u>140718</u> TIME IN <u>0035</u>	DATE OUT <u>230718</u> TIME OUT <u>1110</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>

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**
HO ENG QUEE
HO ENG QUEE

DRIVER'S NAME

DRIVER'S NAME

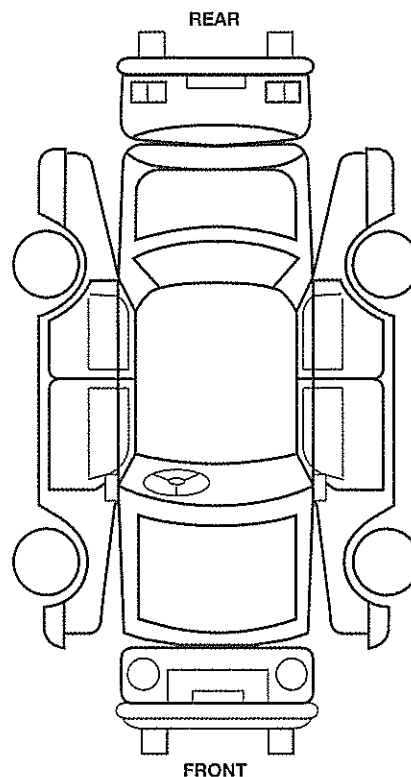
DRIVER'S SIGNATURE / DATE / TIME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

CHECKED OUT BY  
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



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 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	<p style="text-align: center; font-size: 2em;">TP/G</p>