

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: SHC6418D/GS

WITHOUT PREJUDICE

6th December 2018

(By Email Only)

Attn: The Motor Claims Department

India International Insurance Pte Ltd
64 Cecil Street #04/#05
IOB Building
Singapore 049711

Dear Sir/Madam

ACCIDENT INVOLVING SHC6418D & SHA2853S ALONG BEDOK NORTH ROAD ON 29.10.18

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6418D, 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: SHA2853S at the material time of the accident with the driver of our client's vehicle, Mr Chow Peng Kuan

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SHA2853S, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	1144.90 (Incl. GST)
(2) Loss of Rental - 3Days @\$102.72per day	\$	308.16
(3) Loss of Income – 3Days @\$100.00per day	\$	300.00
	\$	<u>1753.06</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6418D
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher

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: SHC6418D/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 6-Dec-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6418 D			\$ 1,070.00
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,070.00
GST @ 7%				\$ 74.90
GRAND TOTAL				\$ 1,144.90



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



02 November 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Chow Peng Kuan of NRIC Number S0028809H is a registered driver of SHC6418D. Chow Peng Kuan 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 read "Kellie Poh".

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 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. 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	30/10/2018 15:09
Date Of Accident	29/10/2018 15:30
Exact Location Of Accident	BEDOK NORTH ROAD TWDS BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6418D
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	CHOW PENG KUAN
NRIC No	S0028809H
Date Of Birth	22/09/1951
Occupation	OUTDOOR
Date Of Driving Pass	05/12/1972
Driving Experience	45 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96246249
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 3 #22-28
TANJONG PAGAR PLAZA

Postcode 081003

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? 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) 3

Passenger 1
NAME: : PAX IN THE REAR SEAT - INDIANS
GENDER: : FEMALE

Passenger 2
NAME: : PAX IN THE REAR SEAT - INDIANS
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 - 2 PAX VEH. B - 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 SHA2853S

Vehicle Make/Model/Colour COMFORT TAXI/HY I40

Details Of Properties VEH. B

Vehicle Category TAXI

Name of Driver MR CHUA

NRIC/Passport Number

Contact Number 91468529

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DAMAGED ON THE RIGHT FRONT PORTION

2



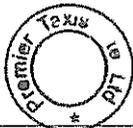
SKETCH PLAN

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.



[Handwritten signature]

30 OCT 2018

[Handwritten signature]

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/10/18
500288094
SH66418D

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

Describe Circumstance of the Accident.

ON 29/10/2018 @ 1530 HRS, I WAS DRIVING MY TAXI (SHC 6418 D), TRAVELLING ALONG BEDOK NORTH ROAD TWDS BEDOK RESERVOIR ROAD, WITH 2 PASSENGERS ONBOARD, IN THE MIDDLE LANE.

WHILE I WAS MOVING AHEAD, SUDDENLY I FELT AN IMPACT FROM MY LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHA 2853 S – COMFORT TAXI/I40) – WHICH WAS IN THE LEFT LANE, HAD ENCROACHED ONTO MY PATH ON MY LEFT ABRUPTLY.

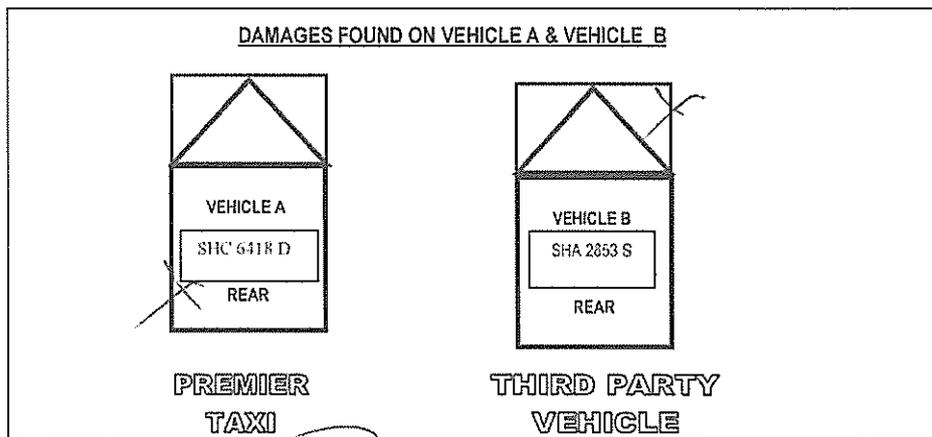
AS SUCH, THE RIGHT FRONT PORTION OF VEHICLE B COLLIDED ONTO THE LEFT REAR OF VEHICLE A.

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

NO INJURY INVOLVED.

VEHICLE B HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED



 500288094

Driver's Signature & NRIC Number
Tuesday, October 30, 2018 @ 3:19:31 PM

(attended by )

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC6418D
CONTACT NO.	9624 6249.
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0028809H**
 Name: **CHOW PENG KUAN**

Birth Date: 22 Sep 1951
 Issue Date: 20 Oct 2003

000954744G

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S0028809H**

Name: **CHOW PENG KUAN**
 周炳坤
 Race: **CHINESE**
 Date of Birth: 22-09-1951 Sex: **M**
 Country of Birth: **SINGAPORE**

Land Transport Authority

VOCATIONAL LICENCE
 Licence No: **S0028809H**
 Name: **CHOW PENG KUAN**
 Issue Date: **31/3/2014**

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

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Dec 1972
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	09 Mar 1979

0782634

Barcode

NRIC No. **S0028809H**

Fingerprint

Blood Group: **A+** Date of issue: **19-02-1993**

APT BLK 3 TANJONG PAGAR PLAZA #22-28
 SINGAPORE 081003

NRIC No: **S0028809H** Date: **19-06-2000** No: **3678222**

NP 428A

Licence No: **S0028809H**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	10/04/2000



Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:	09 Mar 2015 / 10:13:38	Receipt No.:	AACCK001-AX239-150309-000013
Asset Type:	Vehicle	Transaction Amount:	\$65,354.00
Asset ID:	SHC6418D	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150309101338224348		

Vehicle No.:	SHC6418D
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:	09 Mar 2015
Original Registration Date:	09 Mar 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA.1.7(A) DIESEL
Chassis No.:	KNAGM414MF5588223
Engine No.:	D4FDEH313328
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:	\$21,158.00
Minimum PARF Benefit:	\$8,473.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	09 Mar 2015 10:13:38
COE No.:	2015030901002142E
COE Expiry Date:	08 Mar 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$51,092.00
Lifespan Expiry Date:	08 Mar 2023



REPLACEMENT VEH GIVEN YES / NO

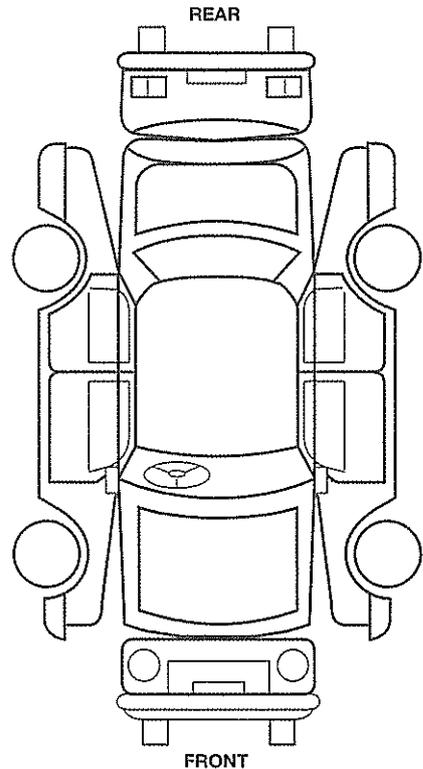
VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>CHOW PENG KUAN</u>	
NRIC <u>S 0028804H</u>	HANDPHONE <u>96246249</u>
TAXI REGN NO. <u>S HC 6418 D</u>	MAKE / MODEL <u>KIA OPTIMA K5</u>
DATE IN <u>30/10/18</u> TIME IN <u>1500</u>	DATE OUT <u>01/11/18</u> TIME OUT <u>1500</u>
KILOMETRES IN _____ FUEL IN <input type="checkbox"/> E <input checked="" type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F	KILOMETRES OUT _____ FUEL OUT <input type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F

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 |

TAXI METER DOWNLOADED	DATE / TIME TOWED IN TO WORKSHOP D: D M M Y Y : H H M M
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	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
<u>CHOW PENG KUAN</u>	<u>CHOW PENG KUAN</u> X
DRIVER'S NAME	DRIVER'S NAME
<u>30/10/18 1500</u>	<u>01/11/18 1440</u> X
DRIVER'S SIGNATURE / DATE / TIME	DRIVER'S SIGNATURE / DATE / TIME
CHECKED IN BY (PREMIER'S AUTHORISED WORKSHOP)	CHECKED OUT BY (PREMIER'S AUTHORISED WORKSHOP)

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 <u>29/10/18</u> <u>1530</u> <input type="checkbox"/> BRAKE SYSTEM <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <u>TP/W</u> <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	