

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL: 65446689 FAX: 62141511

CO. REG: 200707743D GST REG: 200707743D

Our Ref: SHB8820S/SR

WITHOUT PREJUDICE

2 May 2019

(By Email)

Attn: The Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04/#05

IOB Building

Singapore 049711

Dear Sir/Madam

**ACCIDENT INVOLVING SHB8820S AND SH7642J ALONG OPEN CARPARK
@ BEDOK NORTH AVE 2 (BLK 516) ON 23.02.2019**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHB8820S**, 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: **SH7642J** at the material time of the accident with the driver of our client's vehicle, **Mr. Tan Chung @ Mohamad Raziz Bin Abdullah**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SH7642J**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 1,712.00
(2) Loss of Rental – 3 Days @\$98.03 per day	\$ 294.09
(3) Loss of Income – 3 Days @\$100.00 per day	\$ 300.00
	<u>\$ 2,306.09</u>

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

- (1) GIA report & sketch plan of **SHB8820S**
- (2) Driver's I/C and Driving License
- (3) Final repair bill
- (4) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (5) Check In/Out Voucher
- (6) Scene video

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Our Ref: SHB8820S/SR

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 – Shafawati Md Rabu

Email: shafawati.rabu@premiertaxi.com

DID: 64100946

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

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	25/02/2019 09:14
Date Of Accident	23/02/2019 21:20
Exact Location Of Accident	OPEN CARPARK @ BEDOK NORTH AVE 2 (BLK 516)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8820S
<input checked="" type="radio"/> 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
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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	5107202885
Cover Note Number	

Driver

Name of Driver	TAN CHUNG (CHEN ZHONG) @MOHAMAD RAZIZ BIN ABDULLAH
NRIC No	S7240502A
Date Of Birth	31/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	22/03/1996
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94525665
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 252 #03-486 TAMPINES ST 21
Postcode	520252
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	0

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 - VACANT/PARKED

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	SH7642J
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.
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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:

[Signature]

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

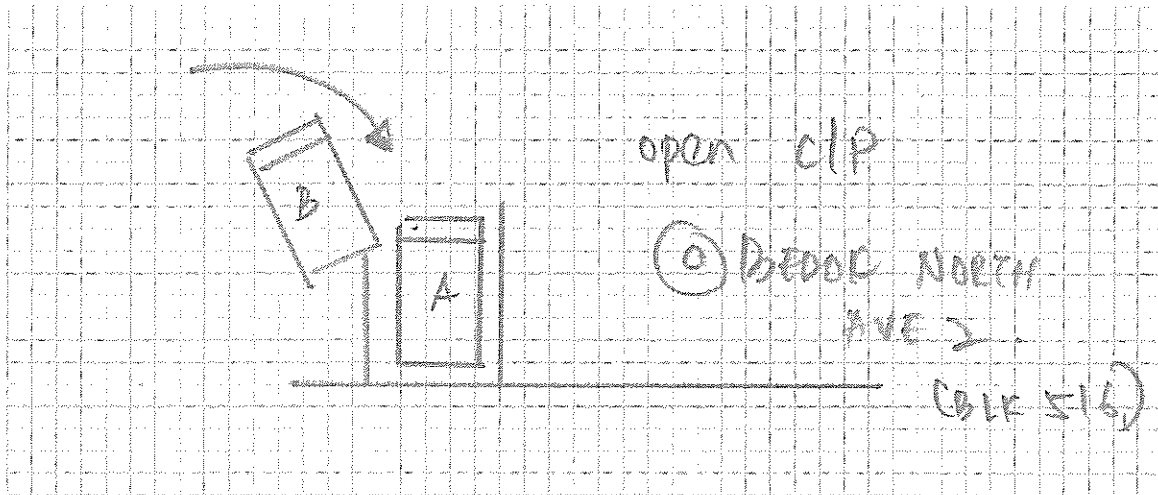
457240502A
45HB88205

25 FEB 2019

[Signature]

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB8820S

B: Unknown comfort Taxi

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:

[Signature]

S7240502A

25 FEB 2010

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

[Signature]

Describe Circumstance of the Accident

HIT & RUN

ON 24/02/2019 @ 0030HRS, WHEN I RETRIEVED MY TAXI (SHB 8820 S) @ MSCP RIVERSIDE POINT, I DISCOVERED THAT THE LEFT PORTION OF MY TAXI DAMAGED.

BASED ON THE VIDEO FOOTAGE CAPTURED.

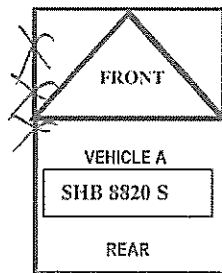
ON 23/02/2019 @ 2120HRS, WHILE MY TAXI WAS PARKED IN AN OPEN CARPARK LOT @ BEDOK NORTH AVE 2 (BLK 516), VEHICLE B (UNKNOWN COMFORT TAXI) WHICH WAS REVERSING INTO THE PARKING LOT (ON MY LEFT) – HAD COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

AS SUCH, THE LEFT PORTION OF MY TAXI GOT DAMAGED.

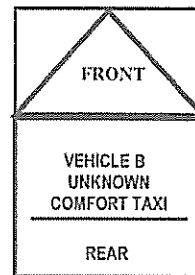
DRIVER OF VEHICLE B FAILED TO STOP & DROVE OFF AWAY.

*VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & B



PREMIER TAXI



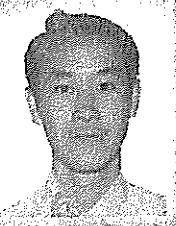

THIRD PARTY VEHICLE


[Signature] S12405021A


Driver's Signature & NRIC Number
Monday, February 25, 2019 @ 9:43:25 AM

Sketch Plan Pg. 4

PREMIER ST LADS	HIPER / RELIEF / SUPER RELIEF
VEHICLE NO	SHB8820S
CONTACT NO.	9452 5665
NEW MAILING ADDRESS (if any)	



	S7240502A
	TAN CHUNG (CHEN ZHONG)
	Birth Date: 31 Oct 1972 Issue Date: 07 Apr 2003
	


REPUBLIC OF SINGAPORE	
IDENTITY CARD NO. S7240502A	
	Name TAN CHUNG (CHEN ZHONG) @MOHAMAD RAZIZ BIN ABDULLAH محمد راذيذ بن عبد الله
	Race CHINESE
	Date of Birth 31-10-1972
	Sex M
	Country of Birth SINGAPORE

Land Transport Authority	
VOCATIONAL LICENCE	
	Licence No. S7240502A
	Name TAN CHUNG
	Issue Date 25/9/2007
	Expiry Date 24/9/2010

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	27 Feb 1990
Class 2A	Motorcycles between 201 cc and 400 cc	22 Feb 1992
Class 2	Motorcycles exceeding 400 cc	18 Jan 1994
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Mar 1996
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	16 Sep 1996
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	18 Mar 1997

	
LICENCE NO. S7240502A	
	Blood Group B+
	Date of Issue 23-11-1992
Address APT BLK 252 TAMPINES STREET 21 #03-406 SINGAPORE 520252	
NRIC No: S7240502A	Date: 24/09/2007 No: 5825446

	
Licence No: S7240502A	
NP 428A	
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
02	TAXI VL
Issue Date 25/09/2007	





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 21-Mar-2019
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8820 S			\$ 1,600.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,600.00
GST @ 7%				\$ 112.00
GRAND TOTAL				\$ 1,712.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

[Text size + -](#)**Enquire Transaction History****Transaction History Details**

Log Date/Time:	27 Feb 2014 / 09:42:15	Receipt No.:	AACCK001-AX239-140227-000009
Asset Type:	Vehicle	Transaction Amount:	\$70,862.00
Asset ID:	SHB8820S	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140227094215046531		

Vehicle No.:	SHB8820S
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:	27 Feb 2014
Original Registration Date:	27 Feb 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5454860
Engine No.:	D4FDDH308949
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:	\$19,632.00
Minimum PARF Benefit:	\$7,279.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	27 Feb 2014 09:42:15
COE No.:	2014022701000925N
COE Expiry Date:	26 Feb 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$58,590.00
Lifespan Expiry Date:	26 Feb 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 : **SHB8820S**
Chassis Number : KNAGM414ME5454860
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 20 Oct 2017
4. Expiry Date of Insurance : 31 Jan 2019
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



28 February 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Tan Chung (Chen Zhong) @Mohamad Raziz Bin Abdullah of NRIC Number S7240502A is a registered driver of SHB8820S. Tan Chung (Chen Zhong) @Mohamad Raziz Bin Abdullah is paying daily rental rate of \$98.03 (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 horizontal line.

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



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

| | | | | | |

DRIVER'S NAME <u>Tan Chng.</u>											
NRIC <u>s 7240502A</u>	HANDPHONE <u>94525665</u>										
TAXI REGN NO. <u>s HB 88 20 S</u>	MAKE / MODEL <u>KO2</u>										
DATE IN <u>250219</u> TIME IN <u>0915</u>	DATE OUT <u>270219</u> TIME OUT <u>1230</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

Tan Chng.

DRIVER'S NAME

88 x

DRIVER'S SIGNATURE / DATE / TIME

CHECK OUT

Tan Chng.

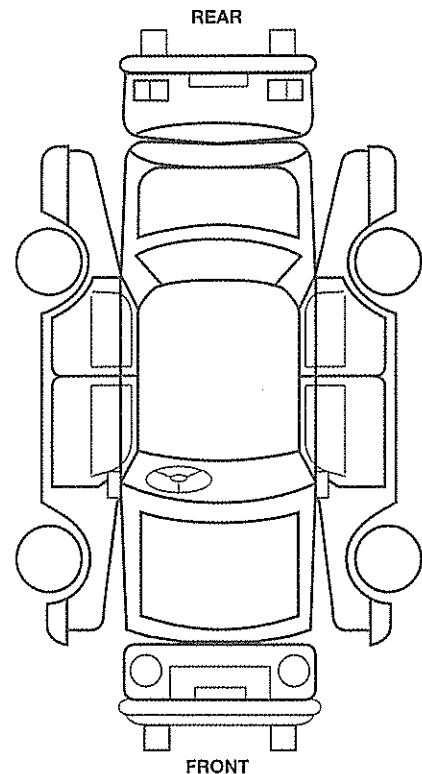
DRIVER'S NAME

88 x

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
2 - Serious Dent
3 - Light Scratch
4 - Serious Scratch

5 - Damaged
6 - Chip
7 - Crack
8 - Peeling

SERVICE / REPAIRS DONE	DRIVER'S REMARKS																				
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