

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02
SINGAPORE 486443
TEL:64100946 FAX:62141511
CO. REG:200707743D GST REG:200707743D

Our Ref: SHD1418G/SR

WITHOUT PREJUDICE

22 February 2019

(By AR REGISTERED)

Attn: The Motor Claims Department

ERGO Insurance Pte Ltd
5 Temasek Boulevard
#04-01 Suntec Tower 5
Singapore 038985

Dear Sir/Madam

**ACCIDENT INVOLVING SHD1418G AND YM6343G ALONG DEPOT ROAD
ON 01.02.2019**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1418G**, 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: YM6343G at the material time of the accident with the driver of our client's vehicle, Mr. Tan Hwa Mong Joseph.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: YM6343G, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (GST Included)	\$ 2,514.50
(2) Loss of Rental – 13 Days @\$96.30 per day (Inc PRI, PH, weekends + 5 days)	\$ 1,251.90
(3) Loss of Income – 13 Days @\$100.00 per day	\$ 1,300.00
(4) GIA Search fee	\$ 2.00
	<u>\$ 5,068.40</u>

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

- (1) GIA report & sketch plan of SHD1418G
- (2) Driver's I/C and Driving Licence
- (3) Final Repair Bill,
- (4) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (5) Check In/Out Voucher
- (6) GIA search

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL:64100946 FAX:62141511

CO. REG:200707743D GST REG:200707743D

Our Ref: SHD1418G/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	01/02/2019 11:09
Date Of Accident	01/02/2019 10:00
Exact Location Of Accident	DEPOT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1418G
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	TAN HWA MONG JOSEPH
NRIC No	S1550294J
Date Of Birth	13/05/1962
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1982
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92393549
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLOCK 401 ANG MO KIO AVENUE 10 #13-607
Postcode	560401
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 (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)	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

VEH A: NO PAX VEH B: 2 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	YM6343G
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

Handwritten signature of the driver.

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

Handwritten signature of the reporting centre personnel.

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

Individual Statement

Describe Circumstance of the Accident.

ON 01/02/2019 @ 1000 HRS, I WAS DRIVING MY TAXI (SHD 1418 G), TRAVELLING ALONG DEPOT ROAD TOWARDS HENDERSON ROAD WITH IN RIGHT LANE.

WHILE MOVING SLOWLY, SUDDENLY VEHICLE B (YM 6343 G – LORRY) WHICH ON THE LEFT LANE –FAILED TO OBSERVE FOR CLEARANCE FROM MY ROUTE AND ENCROACHED ONTO MY PATH.

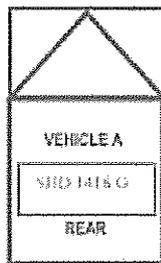
AS SUCH, THE RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE LEFT FRONT FRONT OF MY TAXI.

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

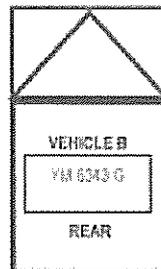
NO INJURY INVOLVED.

NO PASSENGERS ONBOARD OF MY TAXI AND VEHICLE B HAVE 2 PAX.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE

 5155094J

Driver's Signature & NRIC Number
Friday, February 01, 2019 @ 11:28:22 AM

(attended by)



Name
TAN HWA MONG JOSEPH

陈华茂

Race
CHINESE
Date of birth
13-05-1962
Country/Place of birth
SINGAPORE

Sex
M

S1550294J



VOCATIONAL LICENCE

Licence No : S1550294J
Name : TAN HWA MONG JOSEPH

Card Issue Date : 05/12/2017

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

Handwritten: HWA SHOHIB G
9239 3549

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1550294J
Name: TAN HWA MONG JOSEPH

Birth Date: 13 May 1962
Issue Date: 14 Dec 2017

002753854G

5783972



NRIC No. S1550294J



Date of issue
14-08-2017

Address
APT BLK 401 ANG MO KIO AVENUE 10
#13-607
SINGAPORE 560401

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

Type	Description	Issue Date
12	TAXI VL	11/01/2000



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

Class	Description	Effective Date
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	17 Nov 1982



Licence No: S1550294J



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-Feb-2019
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1418 G			\$ 2,350.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 2,350.00
GST @ 7%				\$ 164.50
GRAND TOTAL				\$ 2,514.50



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:	02 Sep 2015 / 07:30:57	Receipt No :	AACCK001-AX239-150902-000003
Asset Type:	Vehicle	Transaction Amount:	\$69,850.00
Asset ID:	SHD1418G	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150902073057232056		

Vehicle No.:	SHD1418G
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:	02 Sep 2015
Original Registration Date:	02 Sep 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5622129
Engine No.:	D4FDEH313444
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:	2015
Open Market Value:	\$21,669.00
Minimum PARF Benefit:	\$13,402.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	02 Sep 2015 07:30:57
COE No.:	2015090201003456D
COE Expiry Date:	01 Sep 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$47,373.00
Lifespan Expiry Date:	01 Sep 2023

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 : **SHD1418G**
Chassis Number : KNAGM414MF5622129
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)

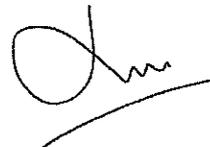
Date of Issue : 16 Oct 2017 17:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



08 February 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Tan Hwa Mong Joseph of NRIC Number S1550294J is a registered driver of SHD1418G. Tan Hwa Mong Joseph is paying daily rental rate of \$96.30 (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
Co. Reg. No. 200304975H

REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

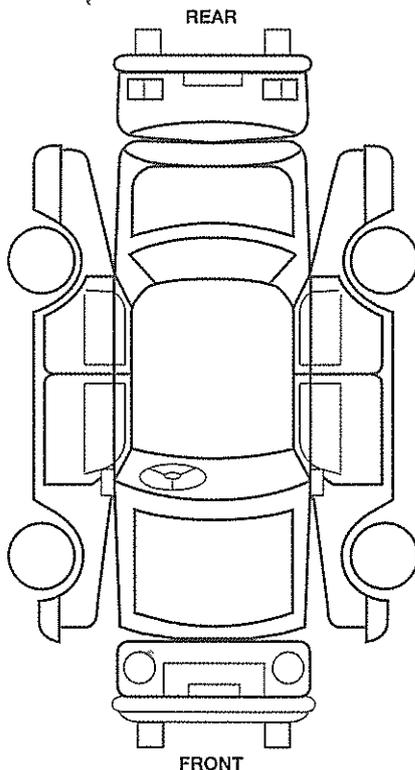


CHECK IN / OUT VOUCHER

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

DRIVER'S NAME <u>Tan Hua Mong Joseph</u>			
NRIC s <u>1550294J</u>	HANDPHONE <u>92393549</u>		
TAXI REGN NO. s <u>HDC4186</u>	MAKE / MODEL <u>KU2</u>		
DATE IN <u>010219</u>	TIME IN <u>1100</u>	DATE OUT <u>130219</u>	TIME OUT <u>1120</u>
KILOMETRES IN <u>341922</u>	FUEL IN <u>E 1/4 1/2 3/4 F</u>	KILOMETRES OUT <u>341923</u>	FUEL OUT <u>E 1/4 1/2 3/4 F</u>

INDICATE AREA OF DAMAGE HERE:



TAXI METER DOWNLOADED		DATE / TIME TOWED IN TO WORKSHOP D D M M Y Y H H M M	
YES	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

DRIVER'S NAME _____

TAN HUA MONG JOSEPH

DRIVER'S SIGNATURE / DATE / TIME
[Signature] / 11/2/2019
1150

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

DRIVER'S NAME _____

Tan Hua Mong Joseph

DRIVER'S SIGNATURE / DATE / TIME
[Signature]

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

- BODY MARKINGS
- | | |
|---------------------|-------------|
| 1 - Light Dent | 5 - Damaged |
| 2 - Serious Dent | 6 - Chip |
| 3 - Light Scratch | 7 - Crack |
| 4 - Serious Scratch | 8 - Peeling |

<p>SERVICE / REPAIRS DONE</p> <p><input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS:</p> <p><input type="checkbox"/> T / BELT</p> <p><input type="checkbox"/> AIRCON SYSTEM <input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</p> <p><input type="checkbox"/> TURBO <u>010219</u> H H M M</p> <p><input type="checkbox"/> BRAKE SYSTEM</p> <p><input type="checkbox"/> CLUTCH SYSTEM</p> <p><input type="checkbox"/> BULB</p> <p><input type="checkbox"/> UNDER CARRIAGE</p> <p><input type="checkbox"/> CPF</p> <p><input type="checkbox"/> BATTERY</p> <p style="text-align: right;"><u>T/W</u></p>	<p>DRIVER'S REMARKS</p>
--	-------------------------



**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-19-018400
Date of Request: 01/02/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 01/02/2019
Enquiry By GOH WEE DEK
Vehicle No. YM6343G
Accident Date 01/02/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YM6343G	ERGO Insurance Pte. Ltd.	11/10/2018-10/10/2019	6829 9199

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.

 is a computer generated document and requires no signature.



RECORDS MANAGEMENT CENTRE

**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-19-018400

Date of Request: 01/02/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 01/02/2019
 Enquiry By GOH WEE DEK
 Vehicle No. YM6343G
 Accident Date 01/02/2019

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

