

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: SHD1519Z/SR

WITHOUT PREJUDICE

18 April 2019

(By Email Only)

Attn: **The Motor Claims Department**

China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road #16-00

Springleaf Tower

Singapore 079909

Dear Sir/Madam

ACCIDENT INVOLVING SHD1519Z AND GBH5313Z ALONG PIE – CHANGI INTO PIE/CTE EXIT ON 18.01.2019

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1519Z**, 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: **GBH5313Z** at the material time of the accident with the driver of our client's vehicle, **Mr. Mohamed Shah S/O Fakimamun Mill Mohamed**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **GBH5313Z**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 749.00
(2) Loss of Rental – 2 Days @\$103.79 per day	\$ 207.58
(3) Loss of Income – 2 Days @\$100.00 per day	\$ 200.00
(4) GIA Search fee	\$ 2.00
	<u>\$ 1,158.58</u>

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

- (1) GIA report & sketch plan of **SHD1519Z**
- (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) GIA search

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Our Ref: SHD1519Z/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	21/01/2019 14:34
Date Of Accident	18/01/2019 14:30
Exact Location Of Accident	PIE - CHANGI INTO PIE/CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1519Z
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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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	MOHAMED SHAH S/O FAKIMAMUN MILL MOHAMED
NRIC No	S1421881E
Date Of Birth	06/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/02/1980
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91808875
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 416 #08-19 BEDOK NORTH AVE 2
Postcode	460416
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

NO PAX ONBOARD BOTH VEHICLES

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	GBH5313Z
Vehicle Make/Model/Colour	LORRY
Details Of Properties	VEH. B
Vehicle Category	GOODS VEHICLE
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

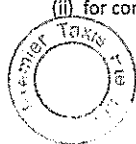
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

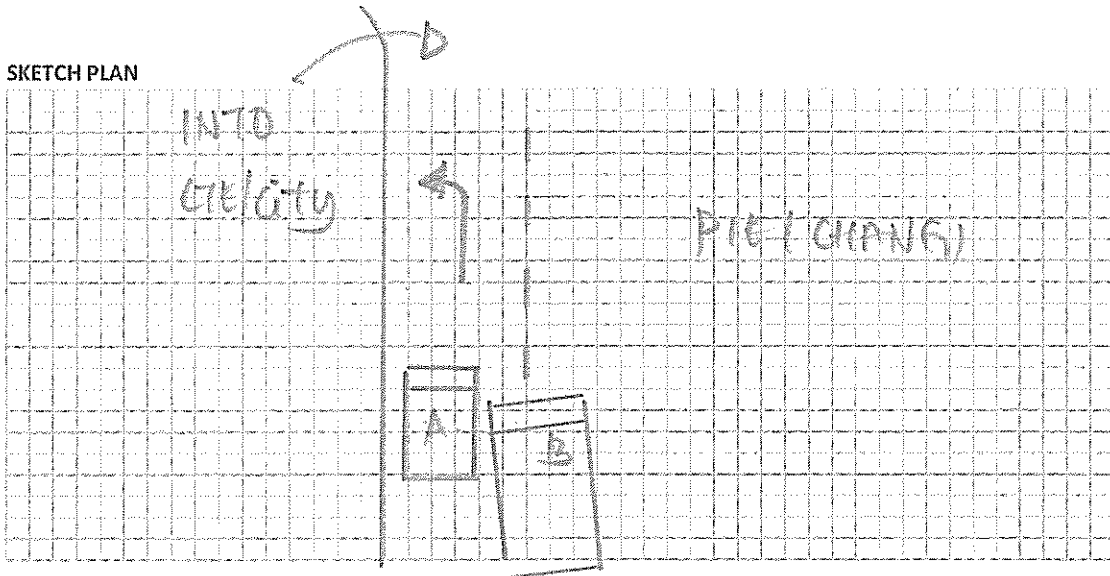
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

[Signature] 21 JAN 2013
X 1421881E
X SHD15192

[Signature]

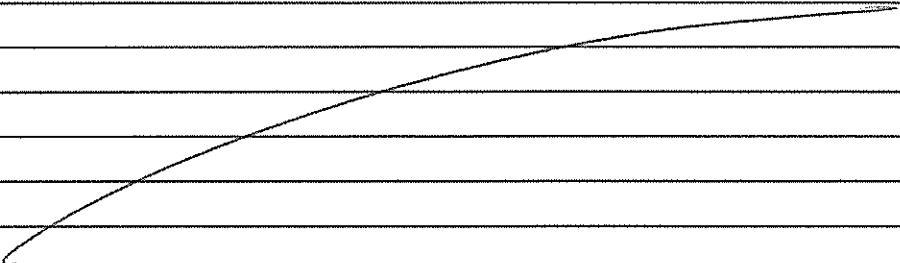
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1519 z

B: GBH 5313 z

A hand-drawn sketch of a curved line, possibly representing a path or a boundary, drawn on lined paper. The line starts at a point on the left, curves upwards and to the right, and then levels off towards the right edge of the page.

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.:

Describe Circumstance of the Accident.

ON 18/01/2019 @ 1430HRS, I WAS DRIVING MY TAXI (SHD 1519 Z), TRAVELLING ALONG PIE – CHANGI INTO CTE EXIT IN THE EXTREME LEFT LANE.

WHILE I WAS MOVING AHEAD INTO CTE EXIT, SUDDENL VEHICLE B (GBH 5313 Z – LORRY) WHICH WAS ON MY RIGHT – FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO KEEP IN LANE, HAD ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY.

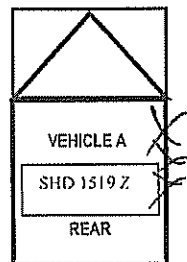
AS SUCH, THE LEFT PORTION OF VEHICLE B COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT PORTION & I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

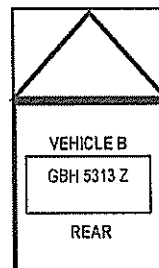
NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI





THIRD PARTY
VEHICLE


 1421881E

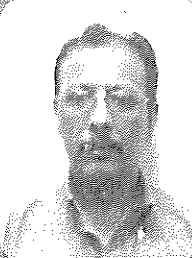
Driver's Signature & NRIC Number
Monday, January 21, 2019 @ 2:47:29 PM

(attended by )

PREMIER TAXI	HIKER / DELIVER / SUPER DELIVER
VEHICLE NO.	SHD15192
CONTACT NO.	9180 8875
NEW MAILING ADDRESS (if any)	



	Licence Number: S1421881E
	Name: MOHAMED SHAH S/O FAKIMAMUN MILL MOHAMED
	Birth Date: 06 Dec 1960
	Issue Date: 27 Dec 2003
 001062471G	

REPUBLIC OF SINGAPORE	
IDENTITY CARD NO. S1421881E	
	Name MOHAMED SHAH S/O FAKIMAMUN MILL MOHAMED
	Race PAKISTANI
	Date of birth Sex 06-12-1960 M
	Country of birth SINGAPORE

Land Transport Authority	
VOCATIONAL LICENCE	
	Licence No. S1421881E
	Name MOHAMED SHAH S/O F M MOH
	Issue Date 29/4/2011
	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)

Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE 08 Feb 1990
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NRIC No. S1421881E	
	Date of issue 13-01-2004
	Address APT BLK 416 BEDOK NORTH AVENUE 2 #08-19 SINGAPORE 460416

Licence No: S1421881E		
NP 428A		
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
02	TAXI VL	21/05/1993





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 15-Apr-2019
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30 REGN NO: SHD 1519 Z			\$ 700.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 700.00
GST @ 7%				\$ 49.00
GRAND TOTAL				\$ 749.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H
Owner ID Type: Company
Owner Name: PREMIER TAXIS PTE. LTD.
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SHD1519Z
Previous Vehicle No.: -
Effective Date of Ownership: 08 Nov 2017
Original Regn Date: 08 Nov 2017
Registration Date: 08 Nov 2017
Year of Manufacture: 2017
Vehicle Type: Public Transport Taxi (Motor Car)
Vehicle Scheme: Taxi (Company)
Vehicle Attachment 1: Air-Con (Taxi)
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HYUNDAI
Vehicle Model: I30 GDH 1.6 TCI 5DR DCT
Primary Colour: Silver
Secondary Colour: -
Passenger Capacity: 4
Chassis No.: TMAD281UVHJ142093
Engine No.: D4FBHZ173615
Engine Capacity/Power Rating: 1582 cc / -
Maximum Power Output: 100.0 kW (134 bhp)
Propellant: Diesel
Max Unladen Weight: 1496 kg
Maximum Laden Weight: 1940 kg
Open Market Value: \$20,236.00

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 | : SHD1519Z |
| Chassis Number | : TMAD281UVHJ142093 |
| 2. Name of Policyholder | : PREMIER TAXIS PTE. LTD. |
| 3. Effective Date of Insurance | : 08 Nov 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	: DBS BANK LTD
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



24 January 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Mohamed Shah S/O Fakimamun Mill Mohamed of NRIC Number S1421881E is a registered driver of SHD1519Z. Mohamed Shah S/O Fakimamun Mill Mohamed is paying daily rental rate of \$103.79 (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

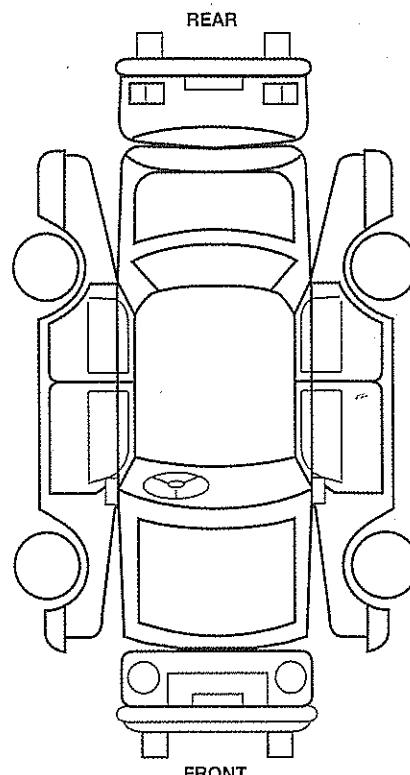
Prepared By: Hasnah

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

CHECK IN / OUT VOUCHER

DRIVER'S NAME MOHAMED SHAH S/O FAKIMAMUN			
NRIC S 1421881E		HANDPHONE 91808875	
TAXI REGN NO. S HD 15192		MAKE / MODEL I30 CA1	
DATE IN 02.04.19	TIME IN 0915	DATE OUT 03.04.19	TIME OUT 1400
KILOMETRES IN 125045	FUEL IN E 1/4 1/2 3/4 F	KILOMETRES OUT	FUEL OUT E 1/4 1/2 3/4 F

INDICATE AREA OF DAMAGE HERE:



FRONT

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

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

MOHAMED SHAH
MOHAMED SHAH

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)

SERVICE / REPAIRS DONE

DRIVER'S REMARKS

- | | |
|--|---|
| <input type="checkbox"/> SERVICING
<input type="checkbox"/> T / BELT
<input type="checkbox"/> AIRCON SYSTEM
<input type="checkbox"/> TURBO
<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 | <input type="checkbox"/> OTHERS:
ACCIDENT: DATE / TIME of ACCIDENT:
18.04.19 1430
TP/W |
|--|---|



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

Third Party Insurer Enquiry

Our Ref No: GR-19-011713

Date of Request: 21/01/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 21/01/2019

Enquiry By GOH WEE DEK

TP Vehicle No. GBH5313Z


Accident Date 18/01/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBH5313Z	China Taiping Insurance (Singapore) Pte. Ltd.	29/06/2018-28/06/2019	6389 6111
GBH5313Z	China Taiping Insurance (Singapore) Pte. Ltd.	02/07/2018-01/07/2019	6389 6111

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.

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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-19-011713
Date of Request: 21/01/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 21/01/2019
Enquiry By GOH WEE DEK
TP Vehicle No. GBH5313Z
Accident Date 18/01/2019

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:

☒ GIRO ☐ Cash ☐ Cheque