

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: SHB8358K/SR

WITHOUT PREJUDICE

23 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 SHB8358K AND SH6654G ALONG PASIR RIS DRIVE
4 // PASIR RIS ST 21 ON 14.04.2019**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHB8358K**, 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: **SH6654G** at the material time of the accident with the driver of our client's vehicle, **Mr. Yong Min Fah**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SH6654G**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 9,045.29
(2) Loss of Rental – 16 Days @\$90.76 per day	\$ 1,452.16
(3) Loss of Income – 16 Days @\$100.00 per day	<u>\$ 1,600.00</u>
	<u>\$ 12,097.45</u>

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

- (1) GIA report & sketch plan of **SHB8358K**
- (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

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: SHB8358K/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	15/04/2019 13:56
Date Of Accident	14/04/2019 02:05
Exact Location Of Accident	PASIR RIS DRIVE 4 // PASIR RIS ST 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8358K
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

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	YONG MIN FAH
NRIC No	S0074688F
Date Of Birth	18/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1975
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84547177
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 37 #/0-429 CIRCUIT ROAD
Postcode	370037
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
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 (including own vehicle) 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

VEH. A - NO 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	SH6654G
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	CHAN FOOK SUM
NRIC/Passport Number	S1328837B
Contact Number	92200078
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT LEFT PORTION
No. Of Passenger (Including Driver)	2

DETAILS OF INJURED PERSON 1

Name	FEMALE CHINESE - PAX IN VEH. B
------	--------------------------------

Approximate Age

Injuries Sustain

LEG PAIN

Injured person in which vehicle?

SH6654G

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

NO

Address

Postcode

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)

(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.

Center Taxis Plus
Policyholder's Signature _____
Date & Time: _____

× 福

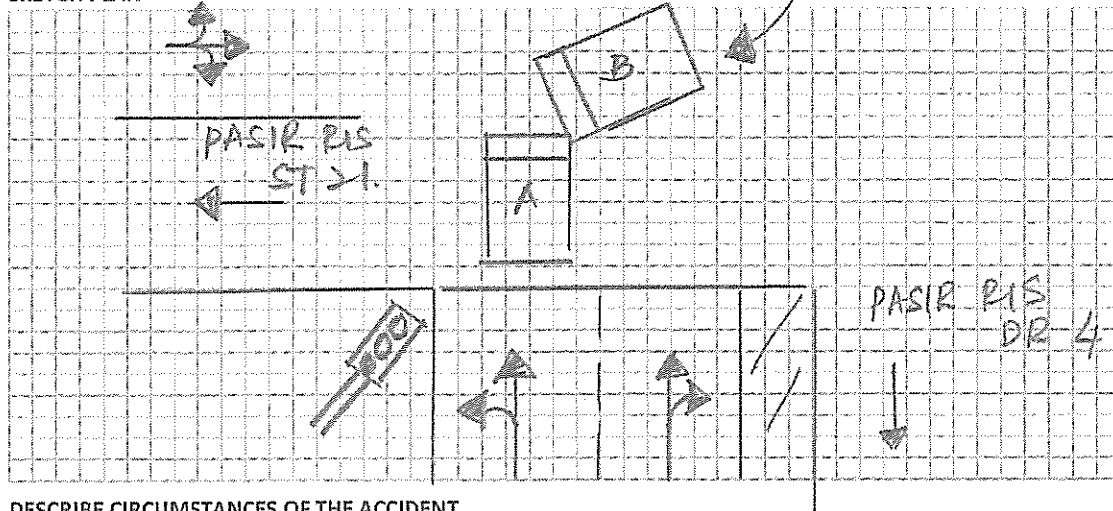
Driver's Signature
(If driver is not the policyholder)
Date & Time:

x 50074688/E
d SHB 8358K

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

Sketch Plan Pg. 2

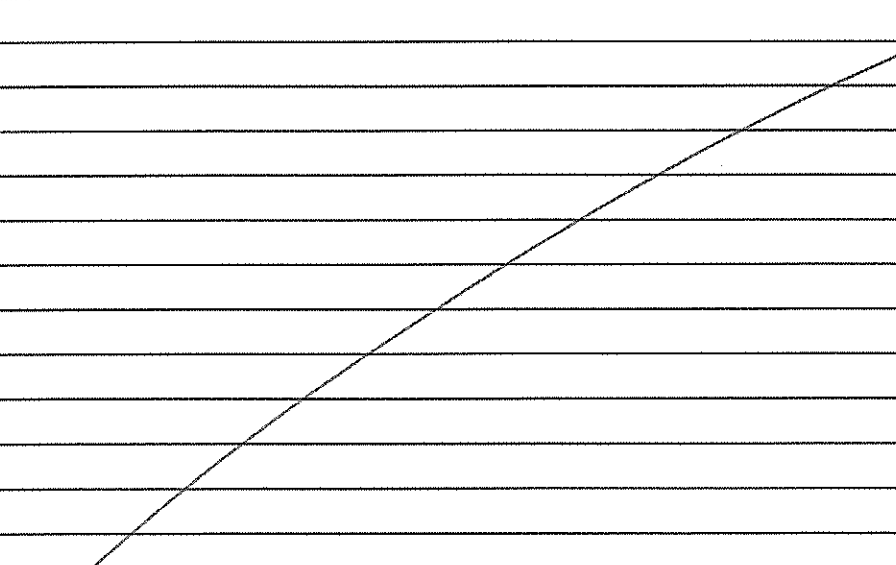
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 83581C

B: SH 6654G



DECLARATION

I/We declare the foregoing particulars are true in every respect.

15 APR 2013

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.:

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50074688/F

Describe Circumstance of the Accident.

ON 14/04/2019 @ 0205HRS, I WAS DRIVING MY TAXI (SHB 8358 K), TRAVELLING ALONG PASIR RIS DRIVE 4 AT THE TRAFFIC LIGHT JUNCTION OF PASIR RIS ST 21, IN THE LEFT LANE.

TRAFFIC LIGHT AHEAD SHOWED GREEN ON MY ROUTE FAVOUR & I PROCEED STRAIGHT AHEAD INTO THE JUNCTION BUT SUDDENLY VEHICLE B (SH 6654 G – COMFORT TAXI) WHICH WAS FROM THE OPPOSITE DIRECTIONS, FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO STOP TO GIVE WAY TO VEHICLES FROM MY ROUTE – HAD ENCROACHED ONTO MY PATH ON MY FRONT RIGHT ABRUPTLY.

AS SUCH, THE FRONT LEFT PORTION OF VEHICLE B COLLIDED ONTO THE FRONT RIGHT PORTION OF MY TAXI – WHILE VEHICLE B WAS MAKING HIS RIGHT TURN INTO PASIR RIS ST 21.

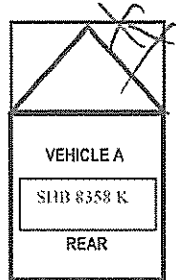
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE FRONT RIGHT PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT LEFT PORTION.

PASSENGER OF VEHICLE B HAD SOME PAIN ON HER LEG, ATTENDED BY PARAMEDICS @ SCENE BUT REFUSED TO CONVEYED TO HOSPITAL. AMBULANCE & TRAFFIC POLICE WERE AT SCENE.

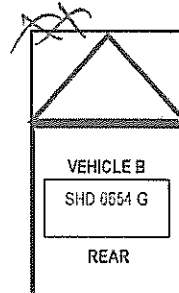
NO PASSENGERS ONBOARD MY TAXI.
VEHICLE B HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

Key  30074688/F

Driver's Signature & NRIC Number
Monday, April 15, 2019 @ 2:05:05 PM

(attended by )

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	CHB8358K
CONTACT NO.	84547177
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE

Licence Number: **S0074688F**
Name: **YONG MIN FAH**

Birth Date: 18 Dec 1951
Issue Date: 12 Sep 2003

000823391A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0074688F**

Name: **YONG MIN FAH**
楊明華
Race: **CHINESE**
Date of Birth: **18-12-1951** Sex: **M**
Country of Birth: **SINGAPORE**

Land Transport Authority

VOCATIONAL LICENCE

Licence No.: **S0074688F**
Name: **YONG MIN FAH**
Issue Date: **11/7/2005**

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 2B Motorcycles not exceeding 200 cc	27 May 1977
Class 2A Motorcycles between 201 cc and 400 cc	27 May 1977
Class 2 Motorcycles exceeding 400 cc	27 May 1977
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	28 Nov 1975

098899

NRIC No: **S0074688F**

Blood Group: **B+** Date of issue: **27-05-1993**

Address: **APT BLK 37 CIRCUIT ROAD #16-429 SINGAPORE 370037**

NRIC No: **S0074688F** Date: **06-03-1998** No: **253871**

NP 428A

Licence No: **S0074688F**

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	25/08/1992





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 22-May-2019
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30 REGN NO: SHB 8358 K			\$ 8,453.54
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 8,453.54
GST @ 7%				\$ 591.75
GRAND TOTAL				\$ 9,045.29



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.: SHB8358K
Previous Vehicle No.: -
Effective Date of Ownership: 28 Sep 2016
Original Regn Date: 28 Sep 2016
Registration Date: 28 Sep 2016
Year of Manufacture: 2016
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.: TMAD281UVHJ121480
Engine No.: D4FBGZ105467
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: \$20,131.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 27 Sep 2024
Minimum PARF Benefit: \$7,610.00
No. of Transfers: 0
IU Label No.: 1050681030
COE No.: 2016092801004223Z
COE Expiry Date: 27 Sep 2024
COE Category: A - Car (up to 1600cc & 97kW (130bhp))
COE Registration Category: A - Car (up to 1600cc & 97kW (130bhp))
Quota Premium (QP) / Prevailing Quota Premium: - / \$53,339.00
PQP Paid: \$42,672.00
QP (Regn Cat): -
OPC Cash Rebate Eligibility: No

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 : 5107202885-000090

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHB8358K**
Chassis Number : TMAD281UVHJ121480
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 01 Feb 2019
4. Expiry Date of Insurance : 31 Jan 2020
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 : 01 Feb 2019 09:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



18 April 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Chan Boon Phek of NRIC Number S1825387I is a registered driver of SHB8358K. Chan Boon Phek is paying daily rental rate of \$90.76 (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 faint 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



HMP - 93387412

REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>YONG MIN FAH</u>	
NRIC <u>S 0074688F</u>	HANDPHONE <u>84547177</u>
TAXI REGN NO. <u>S H B 8338K</u>	MAKE / MODEL <u>130A</u>
DATE IN <u>15/04/19</u> TIME IN <u>12:00pm</u>	DATE OUT <u>30/04/19</u> TIME OUT <u>1:50</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

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

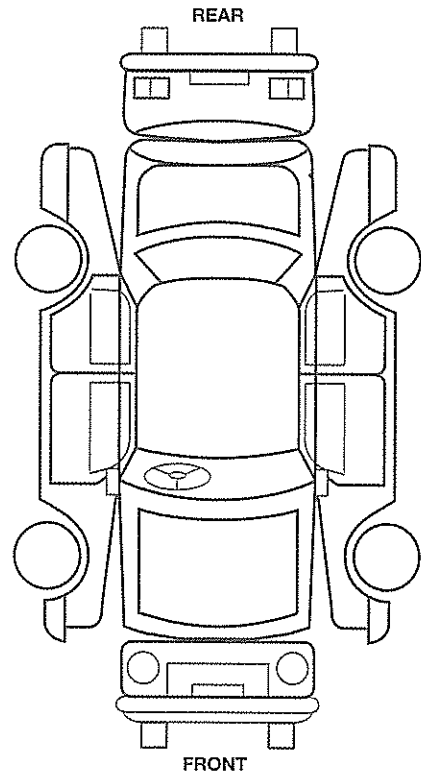
CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

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
<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>15/04/19</u> 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 <u>TP/W</u>	