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: SHC6670R/SR

WITHOUT PREJUDICE

18 June 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 SHC6670R AND SHA3921Y ALONG MSCP @ KRANJI TURF CLUB (LEVEL 2) ON 05.05.2019

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6670R**, 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: SHA3921Y at the material time of the accident with the driver of our client's vehicle, Mr. Ahmad Dawood Bin Endi.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SHA3921Y**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 3,424.00
(2) Loss of Rental – 3 Days @\$104.67 per day	\$ 314.01
(3) Loss of Income – 3 Days @\$100.00 per day	\$ 300.00
	\$ 4,038.01

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

- (1) GIA report & sketch plan of SHC6670R
- (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

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Our Ref: SHC6670R/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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	06/05/2019 11:13
Date Of Accident	05/05/2019 17:40
Exact Location Of Accident	MSCP @ KRANJI TURF CLUB (LEVEL 2)
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC6670R
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
	endelan dan etalah kantatah dalah baratak elah bahar bahar balan batan batan bahar bara baratan bahar bahar ba

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 AHMAD DAWOOD BIN ENDI

 NRIC No
 \$1699921J

 Date Of Birth
 25/02/1965

 Occupation
 OUTDOOR

 Date Of Driving Pass
 25/04/2013

Driving Experience 6 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92964009

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 634 #05-135 Address

WOODLANDS RING ROAD

Postcode 730634

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

2

NO

NO

NO

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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

BOTH VEHICLES - NO PAX

Attachment(s)

Are accident photos available for attachment? YES NO

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA3921Y

Vehicle Make/Model/Colour COMFORT TAXI/HY

Details Of Properties VEH. B Vehicle Category TAXI

MOHD YUNOS BIN ABD RAHMAN Name of Driver

NRIC/Passport Number S1738439B Contact Number 92367337

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan Pg. 1

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.
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- 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.
- 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.
- 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:
 - 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 malling 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: Oriver's fignature (If driver is not the policyholder) Date & Time: 6/5/19 0 6 MAY 2013

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan Pg. 2 SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respec 0.6 MAY 2013 Policyholder's Signature Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Date & Time: Name: Date & Time: NRIC/FIN No.:

Goldelik Statisformal den 193

Sketch Plan Pg. 3

Describe Circumstance of the Accident.

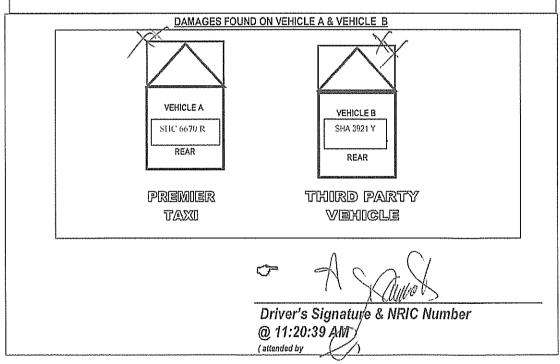
ON 05/05/2019 @ 1740 HRS, I WAS DRIVING MY TAXI (SHC 6670 R), ALONG THE MSCP @ KRANJI TURF CLUB (LEVEL 2).

WHILE I WAS MOVING STRAIGHT AHEAD TOWARDS MY PASSENGERS PICK UP POINT, SUDDENLY VEHICLE B(SHA 3921 Y - COMFORT TAXI) WHICH WAS FROM THE LEFT SIDE OF THE DRIVEWAY - ENCROACHED ONTO MY PATH ON MY LEFT ABRUPTLY & COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI.

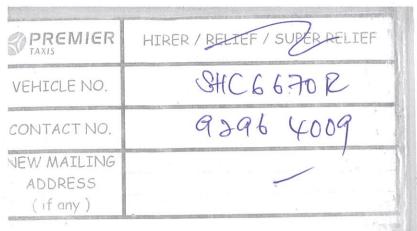
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT FRONT PORTION & VEHICLE B HAD DAMAGES ON THE RIGHT FRONT PORTION.

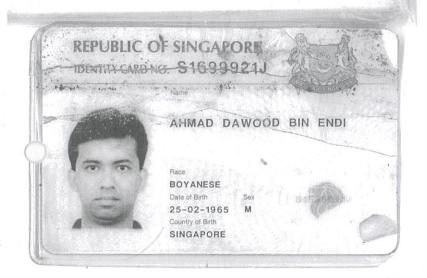
NO INJURY INVOLVED. NO PASSENGERS ONBOARD BOTH VEHICLES.

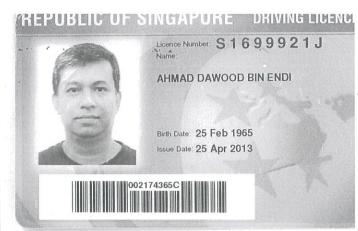
*SCENE PHOTOS & VIDEO FOOTAGE CAPTURED

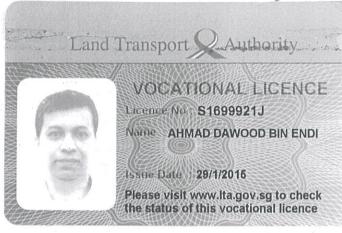


PATIMAN DAWGON BING ENDI S1699921 J SHC 6670 R











Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg



Licence No: S1699921J

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

NP 428A

Issue Date 29/01/2015





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

TAX INVOICE

PREMIER TAXIS PTE LTD 23 CHANGI SOUTH AVENUE 2 #03-02 SINGAPORE 486443 DATE

22-May-2019

PAGE

1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA			\$ 3,200.00
	REGN NO: SHC 6670 R			
TOTAL LUMPSUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR		\$ 3,200.00		
GST @ 7% GRAND TOTAL				

for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Enquire Transaction History

Transaction History Details

Log Date/Time:

09 Mar 2015 / 09:57:55

Receipt No.:

AACCK001-AX239-150309-000010

Asset Type:

Vehicle

Transaction Amount:

\$65,354.00

Asset ID:

SHC6670R

Channel:

AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type:

01.02 Register New Vehicle (AA)

Business Transaction

.Reference.No.:

20150309095755065653

Vehicle No.:

SHC6670R

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

09 Mar 2015 ΚIΑ

Vehicle Make:

OPTIMA.1.7(A) DIESEL

Vehicle Model: Chassis No.:

KNAGM414MF5588168

Engine No.:

D4FDEH313306

Motor No.:

Trailer Chassis No.:

Propellant:

Diesel

1685

Passenger Capacity:

4

Engine Capacity:

Power Rating: Unladen Weight:

1584

Maximum Laden

2050

Weight: Primary Color:

Silver

Secondary Color:

2014

Manufacturing Year: Open Market Value:

\$21,158.00

Minimum PARF Benefit: \$8,473.00

PARF Eligibility:

No. of Transfer:

Effective Ownership Date/Time:

09 Mar 2015 09:57:55

COE No.:

2015030901002139E

COE Expiry Date:

08 Mar 2023

COE Bid Category:

Actual QP/PQP Paid

Amount:

\$51,092.00

Lifespan Expiry Date:

08 Mar 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: 5107202885-001009

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SHC6670R

Chassis Number

: KNAGM414MF5588168

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
 - * 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

EXCESS (SECTION I)

: N/A

EXCESS (SECTION II)

: \$\$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)

: 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



09 May 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Ahmad Dawood Bin Endi of NRIC Number S1699921J is a registered driver of SHC6670R. Ahmad Dawood Bin Endi is paying daily rental rate of \$104.67 (Inclusive of GST).

Should you require further information, please contact us at 6214 8880.

Thank you.

Yours sincerely

Child Bee Lian (Ms)

Assistant Vice President

Taxis Administration

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

SERVICE / REPAIRS DONE

O OTHERS:

☐ ACCIDENT: DATE / TIME of ACCIDENT:

SERVICING

AIRCON SYSTEM C TURBO O BRAKE SYSTEM ☐ CLUTCH SYSTEM

Q UNDER CARRIAGE

CI T / BELT

C BULB

C CPF □ BATTERY

WITHOUT PREJUDICE

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

Attn: The Motor Claims Department

Dear Sir/Madam,

ACCIDENT INVOLVING SHC6670R AND SHA3921Y ALONG MSCP @ KRANJI TURF CLUB (LEVEL 2) ON 05.05.2019

We, Premier Taxis Pte Ltd, the registered owner of vehicle No: **SHC6670R**. We hereby authorize you to release all compensation monies pertaining to the above-mentioned accident directly to our workshop, M/s Premier Automotive Services Pte Ltd. We, hereby authorize the said workshop, M/s Premier Automotive Services Pte Ltd to collect all compensation monies due to us from you or any other party, regarding the said accident.

Thank You.

Taxis Pte

Date 18(6)(9

Premier Taxis Pte Ltd Authorized Signatory