

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: **SHD1871E/SR**

WITHOUT PREJUDICE

12 March 2020

(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 SHD1871E AND SLQ3661R ALONG SLIP ROAD PIE
TOWARDS EUNOS EXIT ON 29.11.2019**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1871E**, 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: **SLQ3661R** at the material time of the accident with the driver of our client's vehicle, **Mr. Lau Kok Wei**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SLQ3661R**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 1,070.00
(2) Loss of Rental – 3 Days @\$99.51 per day	\$ 298.53
(3) Loss of Income – 3 Days @\$100.00 per day	\$ 300.00
(4) GIA Search fee	\$ 2.00
	<u>\$ 1,670.53</u>

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

- (1) GIA report & sketch plan of **SHD1871E**
- (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: SHD1871E/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@premierauto.com.sg

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	29/11/2019 12:26
Date Of Accident	29/11/2019 11:10
Exact Location Of Accident	SLIP ROAD PIE TOWARDS EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1871E
<input 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
<input type="radio"/> Vehicle Particulars	
Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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
<input type="radio"/> 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	
<input type="radio"/> Driver	
Name of Driver	LAU KOK WEI
NRIC No	S7529527H
Date Of Birth	06/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2005
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90027588
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 102 BEDOK NORTH AVE 4
#14-2030

Postcode 460102

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RELIEF

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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) 2

Passenger 1
NAME: : UNKNOWN
GENDER: : FEMALE

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

REFER ATTACH

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 SLQ3661R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOK YEW CHEONG

NRIC/Passport Number S1264607J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LAU KOK WEI
Approximate Age	
Injuries Sustain	UNWELL
Injured person in which vehicle?	SHD1871E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Describe Circumstance of the Accident.

ON 29/11/2019 @ 1112HRS, I WAS DRIVING MY VEHICLE SHD1871E WITH 1 PASSENGER ON BOARD, TRAVELING ALONG SLIP ROAD PIE HEADING TOWARDS EUNOS EXIT.

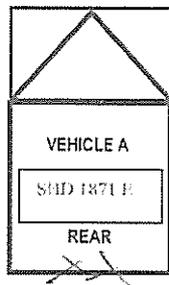
AS I WAS STATIONARY ALONG THE SLIP ROAD, SUDDENLY VEHICLE B(SLQ3661R) CAME FROM BEHIND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

DUE TO THE IMPACT, MY VEHICLE DAMAGE ON THE REAR PORTION. VEHICLE B DAMAGE ON THE FRONT PORTION.

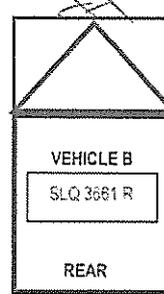
VEHICLE B GOT 1 PASSENGER ON BOARD.

I FELT UNWELL DUE TO THE ACCIDENT, WILL BE SEEKING FOR MEDICAL ATTENTION.

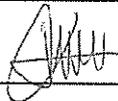
DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE



Driver's Signature & NRIC Number
Friday, November 29, 2019 @ 12:31:01 PM

(attended by)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7529527H



Name
LAU KOK WEI
(LIU GUOWEI)
刘国维

Race
CHINESE

Date of birth
06-10-1975

Sex
M

Country of birth
SINGAPORE

S7529527H

Land Transport Authority



VOCATIONAL LICENCE
Licence No. S7529527H
Name LAU KOK WEI
Issue Date 10/7/2013
Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7529527H
Name LAU KOK WEI (LIU GUOWEI)
Birth Date 06 Oct 1975
Issue Date 25 Feb 2005

001324463H

377780



NRIC No. S7529527H



Date of Issue
06-10-2005

APT BLK 102 BEDOK NORTH AVENUE 4 #14-2030
SINGAPORE 460102
NRIC No: S7529527H Date: 04/06/2014

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	Issue Date
02	TAXI VI	18/07/2013



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	25 Feb 2005
Class 4	Heavy motor cars and motor tractors $>$ 2500 kg	20 Oct 2016

S7529527H S / No.9000252944

NP 428A

Licence No: S7529527H





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 12-Mar-2020
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1871 E			\$ 1,000.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,000.00
GST @ 7%				\$ 70.00
GRAND TOTAL				\$ 1,070.00



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:	23 Dec 2014 / 09:16:16	Receipt No.:	AACCK001-AX239-141223-000004
Asset Type:	Vehicle	Transaction Amount:	\$64,642.00
Asset ID:	SHD1871E	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141223091616291421		

Vehicle No.:	SHD1871E
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:	23 Dec 2014
Original Registration Date:	23 Dec 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5561600
Engine No.:	D4FDEH311929
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:	2014
Open Market Value:	\$20,238.00
Minimum PARF Benefit:	\$7,700.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	23 Dec 2014 09:16:16
COE No.:	2014122301001637M
COE Expiry Date:	22 Dec 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$51,668.00
Lifespan Expiry Date:	22 Dec 2022

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 : 5107202885-001483

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1871E**
Chassis Number : KNAGM414MF5561600
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



06 December 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Chew Swee Huat of NRIC Number S7047717C is a registered driver of SHD1871E. Chew Swee Huat is paying daily rental rate of \$99.51 (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 "Chin Bee Lian".

Chin Bee Lian (Ms)
Assistant Vice President
Taxis Administration

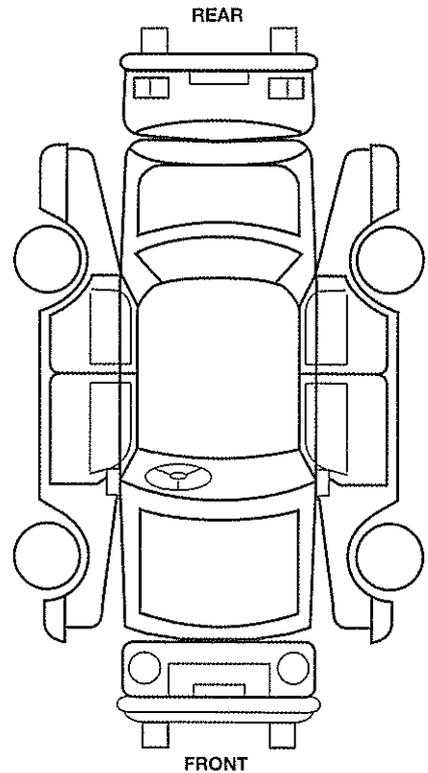
Prepared By: Hasnah

PREMIER TAXIS PTE LTD
23 Changi South Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 0330
www.premiertaxi.com.sg
Co. Reg. No. 2003049751I

CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>Lau Kok Wei</u>			
NRIC S <u>7529527H</u>		HANDPHONE <u>90027588</u>	
TAXI REGN NO. S <u>H D 1871 E</u>		MAKE / MODEL <u>KO2</u>	
DATE IN <u>02/12/19</u>	TIME IN <u>08:40</u>	DATE OUT <u>04/12/19</u>	TIME OUT <u>14:16</u>
KILOMETRES IN		KILOMETRES OUT	
FUEL IN <input type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F		FUEL OUT <input type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F	

INDICATE AREA OF DAMAGE HERE:



- 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		DATE / TIME TOWED IN TO WORKSHOP	
YES	NO	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

CHEN SWZ LQA7

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY (PREMIER'S AUTHORISED WORKSHOP)

CHECKED OUT BY (PREMIER'S AUTHORISED WORKSHOP)

SERVICE / REPAIRS DONE <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	DRIVER'S REMARKS OTHERS: ACCIDENT: DATE / TIME of ACCIDENT: <u>29/11/19 11:10</u> <u>TP/L</u>
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**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-19-197275
Date of Request: 29/11/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 29/11/2019
Enquiry By GOH WEE DEK
TP Vehicle No. SLQ3661R
Accident Date 29/11/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLQ3661R	China Taiping Insurance (Singapore) Pte. Ltd.	17/07/2019-16/07/2020	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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**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-19-197275

Date of Request: 29/11/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 29/11/2019
Enquiry By GOH WEE DEK
TP Vehicle No. SLQ3661R
Accident Date 29/11/2019

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