

Karen Tan

From: Karen Tan
Sent: Wednesday, February 5, 2020 3:47 PM
To: vincent.chua@premierauto.com.sg
Subject: ACKNOWLEDGEMENT - YR REF: SHD1291D/VC // MSFCI REF: D19007839MFSH (SHA3206D) DOA: 10.12.2019

**WITHOUT PREJUDICE
SAVE AS TO COSTS**

Dear Sirs/Madam,

We acknowledge receipt of your letter dated 31.01.2020.

We are looking into your claim and will revert soon.

Kindly quote our claim no. in future correspondence.

Best Regards,

Karen Tan

Motor Claims Dept.

MS First Capital Insurance Ltd | 36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3582
| Fax No. : 6507 3849 | Company Regn. No. 195000106C

A Member of **MS&AD** INSURANCE GROUP

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

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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: SHD1291D/VC

WITHOUT PREJUDICE

31 January 2020

Attn: The Motor Claims Department

MS First Capital Insurance Limited

36 Robinson Road

#16-01

City House

Singapore 068877



Dear Sir/Madam

ACCIDENT INVOLVING SHD1291D AND SHA3206D ALONG MARINA ONE EAST TOWER – DROP OFF POINT ON 10.12.2019

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1291D**, 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: **SHA3206D** at the material time of the accident with the driver of our client's vehicle, Mr. Toh Tiong Kheng.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SHA3206D**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repairs	\$ 1,016.50 (Incl. GST)
(2) Loss of Rental – 7 Days @ \$93.97 per day	\$ 657.79
(3) Loss of Income – 7 Days @ \$100.00 per day	\$ 700.00
	<u>\$ 2,374.29</u>

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

- (1) GIA report & sketch plan of SHD1291D
- (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 (when require)

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL:65446671 FAX:62141511

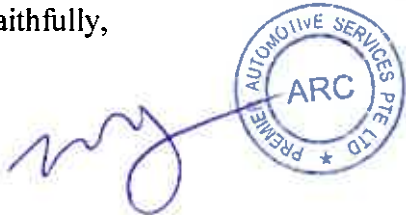
CO. REG:200707743D GST REG:200707743D

Our Ref: **SHD1291D/VC**

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 – Vincent Chua

Email: vincent.chua@premierauto.com.sg

DID: 65446689

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



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 31-Jan-2020
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1291 D			\$ 950.00
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 950.00
GST @ 7%				\$ 66.50
GRAND TOTAL				\$ 1,016.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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	11/12/2019 09:19
Date Of Accident	10/12/2019 15:25
Exact Location Of Accident	DROP OFF POINT @ MARINA ONE EAST TOWER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1291D
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	5107202885
Cover Note Number	

Driver

Name of Driver	SYED ABDUL KADIR BIN AHMAD ALHABSHI
NRIC No	S1198581E
Date Of Birth	21/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	26/04/1979
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83170923
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 609 #05-676 BEDOK RESERVOIR ROAD
Postcode	670609
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	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	IN SHELTERED AREA, OUTSIDE RAINING
Road Surface	WET

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 - 3 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	SHA3206D
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MR TENG
NRIC/Passport Number	
Contact Number	94707889
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

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.
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.



[Signature]

11 DEC 2019

[Signature]

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.:

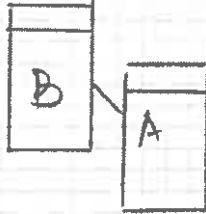
A 51198581E
Q SHD 1291D

Sketch Plan Pg. 2

SKETCH PLAN

(Drop off
& pickup
Area)

Marina
One
East Tower



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1291D

B: SHD 3206D

DECLARATION

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



Policyholder's Signature
Date & Time:

X *[Signature]*

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

81198581E

11 DEC 2019

[Signature]

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

Describe Circumstance of the Accident.

* OPENING DOORS OF VEHICLE *

ON 10/12/2019 @ 1525HRS, I WAS DRIVING MY TAXI (SHD 1291 D)
ALONG THE DRIVEWAY @ MARINA ONE EAST TOWER.

WHILE I WAS MOVING AHEAD – HEADING TOWARDS THE PICK-UP POINT,
SUDDENLY I FELT AN IMPACT FROM MY LEFT.

WHEN INSPECTED, I DISCOVERED THAT A PASSENGER FROM VEHICLE B
(SHA 3206 D – COMFORT TAXI) WHICH WAS STATIONARY ON MY
LEFT – HAD OPENED THE REAR RIGHT DOOR ABRUPTLY & HIT ONTO THE
LEFT PORTION OF MY TAXI.

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

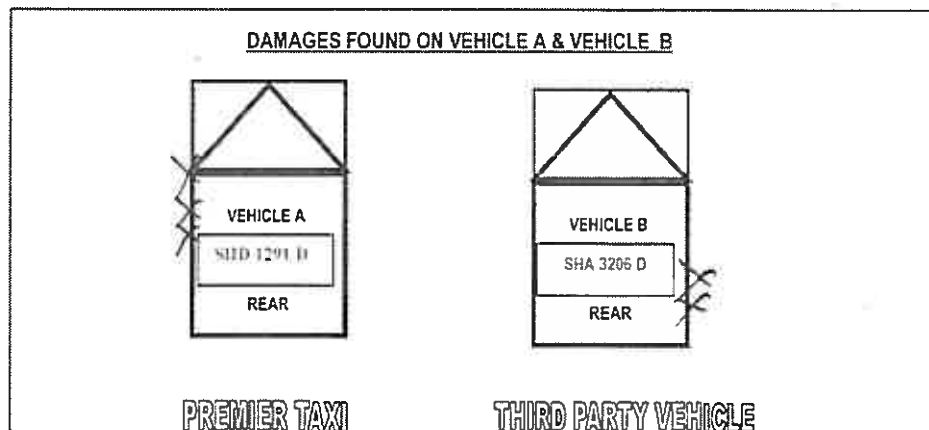
NO INJURY INVOLVED.

NO PASSENGERS ONBOARD MY TAXI.

VEHICLE B HAD 3 PASSENGERS ALIGHTING.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



[Signature] 51198581E

Driver's Signature & NRIC Number
Wednesday, December 11, 2019 @ 9:25:09 AM

(attended by)

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHD1291D
CONTACT NO.	8317 0923
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1198581E**

Name: **SYED ABDUL KADIR BIN AHMAD ALHABSHI**

Birth Date: **21 Jan 1956**

Issue Date: **29 Mar 2004**

001176939A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1198581E**

Name: **SYED ABDUL KADIR BIN AHMAD ALHABSHI**

Race: **ARAB**

Date of birth: **21-01-1956**

Country/Place of birth: **SINGAPORE**

Sex: **M**

Land Transport Authority

PDVL/TDVL
33 888 8888
292199

VOCATIONAL LICENCE

Licence No: **S1198581E**

Name: **SYED ABD KADIR B AHMAD A**

Issue Date: **26/5/2011**

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

5863019

NTIC No: **S1198581E**

Date of issue: **31-01-2018**

Address: **APT BLK 609 BEDOK RESERVOIR ROAD
#05-676
SINGAPORE 470609**

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Apr 1979

NP 428A

Licence No: **S1198581E**

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
03	BUS VL	26/06/1996
02	TAXI VL	20/09/1989
04	BUS ATTENDANT	26/06/1996

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	30 Apr 2015 / 09:01:29	Receipt No.:	AACCK001-AX239-150430-000001
Asset Type:	Vehicle	Transaction Amount:	\$64,849.00
Asset ID:	SHD1291D	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150430090129069268		
Vehicle No.:	SHD1291D		
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:	30 Apr 2015		
Original Registration Date:	30 Apr 2015		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5593470		
Engine No.:	D4FDEH313352		
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:	\$21,451.00		
Minimum PARF Benefit:	\$8,719.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	30 Apr 2015 09:01:29		
COE No.:	2015043001002313D		
COE Expiry Date:	29 Apr 2023		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$50,177.00		
Lifespan Expiry Date:	29 Apr 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 : 5107202885-001395

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1291D**
Chassis Number : KNAGM414MF5593470
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



19 December 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Syed Abdul Kadir Bin Ahmad Alhabshi of NRIC Number S1198581E is a registered driver of SHD1291D. Syed Abdul Kadir Bin Ahmad Alhabshi is paying daily rental rate of \$93.97 (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. 200304975H



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME Syed Abdul Kadir Bin Ahmad Alhakshi	
NRIC S 1198581E	HANDPHONE 83170923
TAXI REGN NO. S H D12910	MAKE / MODEL K02
DATE IN 11/12/19	TIME IN 0919
DATE OUT 17/12/19	TIME OUT 0945
KILOMETRES IN	FUEL IN
	E 1/4 1/2 3/4 F
KILOMETRES OUT	FUEL OUT
	E 1/4 1/2 3/4 F

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

Syed Abdul Kadir B. A. A.

DRIVER'S NAME

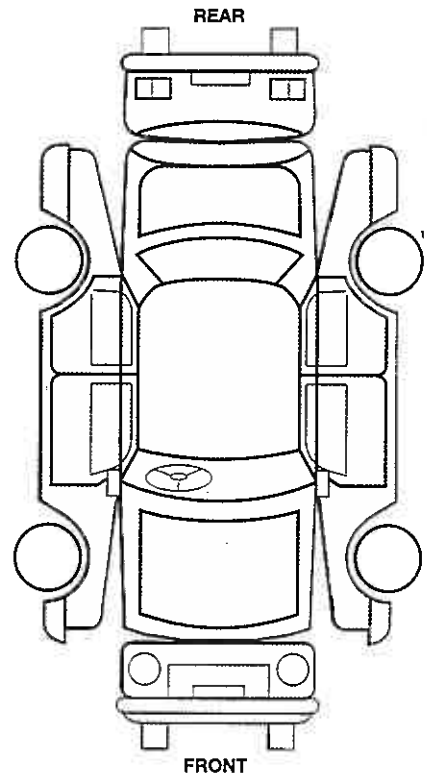
DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

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 |

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: 16/12/19 1525 TP/L