

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: **SMQ7182T/SR**

WITHOUT PREJUDICE

17 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 SMQ7182T & SLZ8569U ALONG WOODLANDS CHECK POINT ON 04.01.2020

We have been authorized by Ong Yeng Peng, the owner of vehicle number: **SMQ7182T**, 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: **SLZ8569U** at the material time of the accident with the driver of our client's vehicle, **Mdm Ong Yeng Peng**

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SLZ8569U**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 3,642.28
(2) Loss of Rental – 5 Days @\$180.00 per day	\$ 900.00
(3) LTA Search fee	\$ 7.45
	<u>\$ 4,549.73</u>

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

- (1) GIA report & sketch plan of **SMQ7182T**
- (2) Driver's I/C and Driving License
- (3) Final repair bill
- (4) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (5) LTA search
- (6) Rental agreement

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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,

Premier Automotive Services Pte Ltd
Claims Department

This letter is computer generated. No signature is required

NB: We encourage all parties to liaise with us via email to expedite all matters

Email: shafawati.rabu@premierauto.com.sg
Tel: 6410 0946

PS: Please quote our reference no when replying

c.c. Client : Ong Yeng Peng



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 17-Mar-2020
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR MITSUBUSHI OUTLANDER REGN NO: SMQ 7182 T			\$ 3,404.00
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 3,404.00
GST @ 7%				\$ 238.28
GRAND TOTAL				\$ 3,642.28



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	06/01/2020 19:58
Date Of Accident	04/01/2020 23:00
Exact Location Of Accident	INSIDE WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7182T
Insured/Policyholder	
Name Of Registered Owner	ONG YENG PENG
NRIC No	SXXXX247D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98763586
Alternative Phone No	OTHERS-98763586

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	

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 PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900251033
Cover Note Number	

Driver

Name of Driver	ONG YENG PENG
NRIC No	SXXXX247D
Date Of Birth	11/10/1974
Occupation	INDOOR
Date Of Driving Pass	04/11/1995
Driving Experience	24 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98763586
Fax Number	
Contact Number	OTHERS-98763586
Email Address	NOEMAIL

Address	BLK 217 MARSLING CRESCENT #04-95
Postcode	730217
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 ON COLLISION
Weather Conditions	CLEAR
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?	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)	3
Passenger 1	NAME: : TAN PUAY CHENG GENDER: : FEMALE
Passenger 2	NAME: : LIM LEE YONG 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 TO ATTACHED

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	SLZ8569U
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SYED FAIZ BIN SYED FAISAL
NRIC/Passport Number	
Contact Number	90032465
Address	
Postcode	

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG YENG PENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMQ7182T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TAN PUAY CHENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMQ7182T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name LIM LEE YONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMQ7182T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

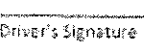
IMPORTANT NOTICE

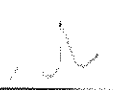
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 lodging 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 (Attorney) 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.

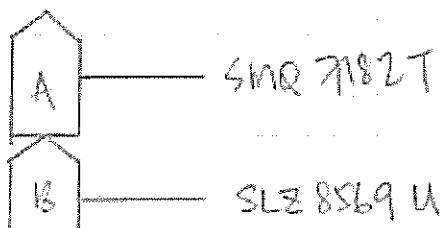

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling inside Woodlands checkpoint towards Singapore.
Traffic was heavy at that time.
While was a stationary position, third party (SLZ 8562 U) came from behind, collided into my car (SLM7182 T).
Due to the impact, my car sustained damages on the rear portion.
Both my two passengers and me felt uncomfortable after the collision and consulted doctor. Each of us was given 2 days of MC.

DECLARATION

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

Policymaker's Signature _____
Date & Time _____

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

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

YOU ARE LICENSED TO DRIVE IN THE FOLLOWING CATEGORIES:

Category 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg

PASS DATE: 04 Nov

Licence No: S7472247D

1284

3851

HRIC No. S7472247D

Date of issue
17-03-2006

Address
APT BLK 217 MARSILING CRESCENT
#04-95
SINGAPORE 730217

REPUBLIC OF SINGAPORE

DRIVING LICENCE

NAME: ONG YENG PENG

Birth Date: 11 Oct 1974
Issue Date: 04 Apr 2006

001410298F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7472247D

Name: ONG YENG PENG

Race: 王燕萍
CHINESE

Date of birth: 11-10-1974
Sex: F

Country of birth: MALAYSIA



COVER NOTE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : ONG YENG PENG
 Period of Insurance : 22 Nov 2019 to 21 Nov 2021
 Engine No. : 4J11BK4879
 Chassis No. : GF7W0602083



Vehicle No. :
 Cover Note No. : 1900251033
 Endorsement No. :
 Issued Date : 22 Nov 2019



ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports
 Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2019
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes
 Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ONG YENG PENG - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159294 64708638

4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
 We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504620220

C&CMICP2 - RANDY

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Jasmine Loh

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

247D

Vehicle Details

Vehicle No.:

SMQ7182T

Vehicle to be Exported:

Yes

Intended Deregistration Date:

07 Jan 2020

Vehicle Make:

MITSUBISHI

Vehicle Model:

OUTLANDER 2.0 CVT

Primary Colour:

Red

Manufacturing Year:

2019

Engine No.:

4J11BK4879

Chassis No.:

GF7W0602083

Maximum Power Output:

110.0 kW (147 bhp)

Open Market Value:

\$23,244.00

Original Registration Date:

29 Nov 2019

First Registration Date:

29 Nov 2019

Transfer Count:

0

Actual ARF Paid:

\$24,542.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

28 Nov 2029

PARF Rebate Amount:

\$18,406.00

Intended COE Rebate Details

COE Expiry Date:

28 Nov 2029

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$39,700.00

COE Rebate Amount:

\$31,760.00

Total Rebate Amount:

\$50,166.00

The information contained herein is correct as at 07 Jan 2020

OK

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Jan 2020 / 08:50:13
Receipt Date/Time : 06 Jan 2020 / 08:50:11

Tax

Invoice/Receipt Receipt No. : ITNET-00000-200106-000312

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SLZ8569U As at 04 Jan 2020/23:30:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - SLZ8569U Enquiry Fee 20200106084925192874	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx8682		Credit Card: Visa /MasterCard	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

21464(16020)

 Co. Reg. No : 200612929F
 GST Reg. No : 200612929F
 Page No : 1

TAX INVOICE

 To : Premier Automotive Services Pte Ltd
 23 Changi South Avenue 2
 #03-03
 Singapore 486443
 Attn : 6214 8880

 Invoice No : RENIN2002000524
 Invoice Date : 03/Feb/2020
 Your Ref :
 Term : 30D
 Customer No :

Item	Description	Our Ref.	Quantity	Unit Price (SGD)	GST	Amount (SGD)
1	DAILY RENTAL Hyundai Sonata 2.0 Bill From/Bill To : 3/2/2020 to 8/2/2020 Driver Name : Ong Yeng Peng Vehicle Number : SLB8646G	LO2002000109	5.00	180.00	STD7	900.00
2	COLLISION DAMAGE REDUCTION INCLUSIVE Hyundai Sonata 2.0 Bill From/Bill To : 3/2/2020 to 8/2/2020 Driver Name : Ong Yeng Peng Vehicle Number : SLB8646G	LO2002000109	5.00	0.00	STD7	0.00

Inventory	PU TR 4/11/2020	
Accident Repairs		
Routine Maintenance		
Preventive Maintenance		
Surveyor Fees	PAUCO-2002002330	
Other Expenses	Rental	
Pls specify : _____		
Checked by :	MRS OIC	
on :	14/2/20	
Approved by :	Lawrence Ooi	
on :	11/12/2020	

Total	900.00
GST @ 7.00%	63.00
Amount Due	963.00

Amount SGD: NINE HUNDRED SIXTY THREE ONLY

E. & O. E.

Premier Rent A Car Pte Ltd

Payment can be made to :

 Premier Rent A Car Pte Ltd
 Bank Account No : 003-904082-2
 Bank Address : DBS Bank Limited
 12 Marina Boulevard
 Marina Bay Financial Centre
 Tower 3
 Singapore 018982

MANAGER

Please refer to Tax Invoice number for all correspondence.

For Bank Transfer, please quote Tax Invoice / Customer number.

An interest of 2% per month will be levied on the outstanding balance if full payment is not received by the due date.