

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: SHC6791A/SR

WITHOUT PREJUDICE

18 March 2020

(By Email Only)

Attn: The Motor Claims Department

First Capital Insurance Limited

36 Robinson Road

#16-01

City House

Singapore 068877

Dear Sir/Madam

ACCIDENT INVOLVING SHC6791A & SHA9208J ALONG BUKIT MANIS ROAD ON 09.01.2020

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6791A**, 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: **SHA9208J** at the material time of the accident with the driver of our client's vehicle, Mr. **Koh Choon Seng**

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SHA9208J**, our client's vehicle was damaged and we have been put to loss and damage as follows:

1. Cost of Repair (Include GST)	\$ 951.53
2. Loss of Rental (1 days x \$126.26 per day)	\$ 126.26
3. Loss of Income (1 days x \$100.00 per day)	\$ 100.00
	<u>\$ 1,177.79</u>

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

- (1) GIA report & sketch plan of **SHC6791A**
- (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

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Our Ref: **SHC6791A/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,

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 – Premier Rent A Car 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 18-Mar-2020
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDIA I30A REGN NO: SHC 6791 A			\$ 889.28
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 889.28
GST @ 7%				\$ 62.25
GRAND TOTAL				\$ 951.53



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



17 January 2020

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Khoo Kah Chye, Peter of NRIC Number S1483885F is a registered driver of SHC6791A. Khoo Kah Chye, Peter is paying daily rental rate of \$126.26 (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

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	10/01/2020 10:50
Date Of Accident	09/01/2020 17:35
Exact Location Of Accident	BUKIT MANIS ROAD HEADING SOFITEL SINGAPORE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6791A
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	2XXXXX975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ HYBRID-1.6 GLS DCT (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	KOH CHOON SENG
NRIC No	SXXXXX373C
Date Of Birth	20/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	27/06/1977
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93822161
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 105 #14-23 HENDERSON CRESCENT
Postcode	150105
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 - CHANGE/CROSS LANE
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?	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)	4
Passenger 1	NAME: : PAX IN THE FRONT SEAT - FOREIGNER/AUSTRALIAN GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - FOREIGNER/AUSTRALIAN GENDER: : FEMALE
Passenger 3	NAME: : PAX IN THE REAR SEAT - FOREIGNER/AUSTRALIAN/CHILD GENDER: : MALE

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 - 3 PAX VEH. B - SOME 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 Witness 1

Name	MR JASON CAVE - PAX IN VEH. A
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9208J
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Vehicle Make/Model/Colour	CITY CAB
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MR PANG
NRIC/Passport Number	
Contact Number	97958711
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

Policyholder's Signature
Date & Time:



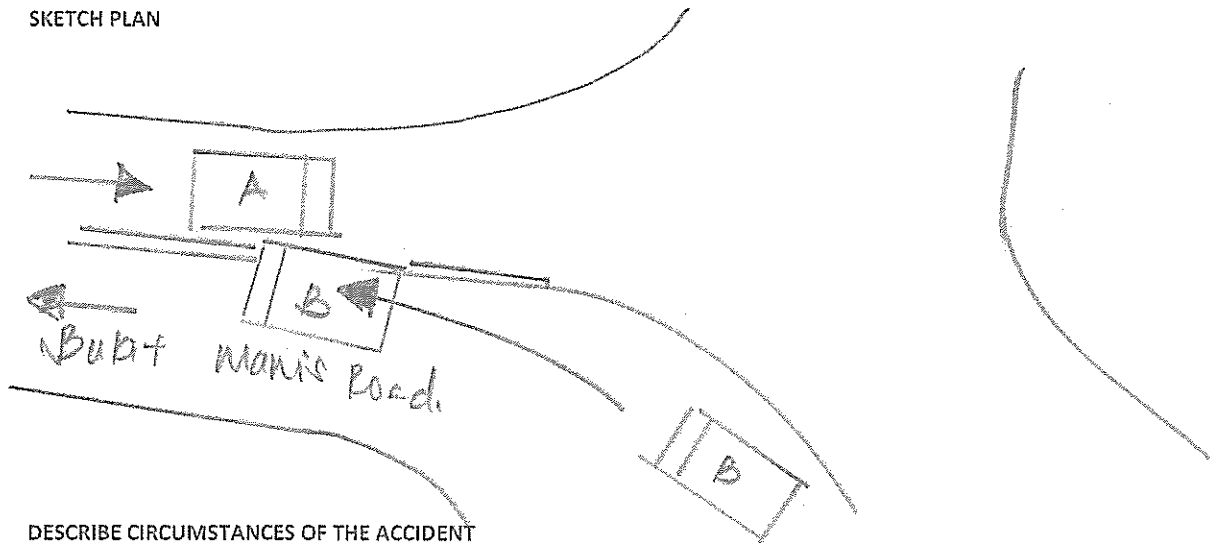
Driver's Signature
(If driver is not the policyholder)
Date & Time:

X 5122873/C
SHC 6791A

10 JAN 2020

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

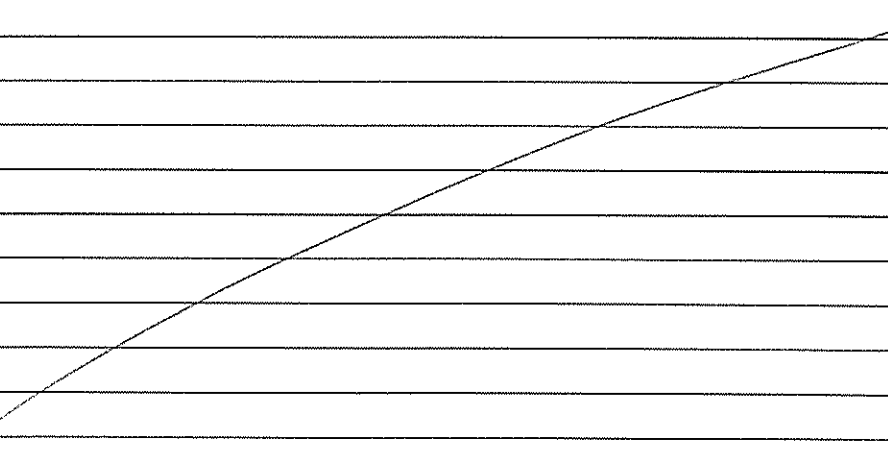
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SATC 6791A

B: SATC 9208J.



DECLARATION

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

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.:

Describe Circumstance of the Accident.

ON 09/01/2020 @ 1735HRS, I WAS DRIVING MY TAXI (SHC 6791 A) – TRAVELLING ALONG BUKIT MANIS ROAD HEADING TOWARDS SOFITEL SENTOSA WITH 3 PASSENGERS ONBOARD – ON A SINGLE LANE OF DUAL CARRIAGE WAY.

WHILE I WAS MOVING AHEAD – ON A BEND & WITHIN MY LANE, SUDDENLY VEHICLE B (SHA 9208 J – CITY CAB) WHICH WAS FROM THE OPPOSITE DIRECTIONS – FAILED TO KEEP FOR PROPER LOOK OUT, FAILED TO KEEP IN LANE – HAD ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY & CROSSING OVER THE DOUBLE CONTINUOUS WHITE LINES.

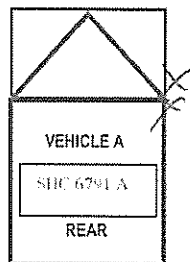
AS SUCH, THE RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

DUE TO THE IMPACT, BOTH VEHICLES HAD DAMAGES ON THE RIGHT PORTION.

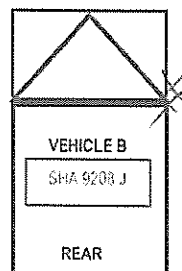
NO INJURY INVOLVED. NO AMBULANCE.
VEHICLE B HAD PASSENGERS ONBOARD.

* VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

☞ *[Signature]* S1228373/c

Driver's Signature & NRIC Number
Friday, January 10, 2020 @ 11:02:20 AM

(attended by *[Signature]*)

PREMIER TAXIS	HIRER / <u>RELIEF</u> / SUPER RELIEF
VEHICLE NO.	SHC 6791A
CONTACT NO.	9282 2161
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1228373C**
Name: **KOH CHOON SENG**

Birth Date: 20 Jun 1957
Issue Date: 10 Apr 2003

000370642F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1228373C**



Name
KOH CHOON SENG
許 春 成

Race
CHINESE

Date of birth
20-06-1957

Sex
M

Country of birth
SINGAPORE

S1228373C


Land Transport Authority

VOCATIONAL LICENCE


Licence No: **S1228373C**
Name: **KOH CHOON SENG**

Issue Date: 29/2/2008
Expiry Date: 31/3/2011

4635147



NRIC No. **S1228373C**



Date of issue
04-10-2010

Address
**APT BLK 105 HENDERSON CRESCENT
#14-23
SINGAPORE 150105**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	23 Oct 1990
Class 2A Motorcycles between 201 cc and 400 cc	23 Oct 1990
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Jun 1977
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	11 Sep 1979
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	03 Oct 1979

NP 428A

Licence No: **S1228373C**

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
03	BUS VL	29/04/2002
02	TAXI VL	16/02/1989
04	BUS ATTENDANT	29/04/2002

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.: SHC6791A

Previous Vehicle No.: -

Effective Date of Ownership: 30 May 2019

Original Regn Date: 30 May 2019

Registration Date: 30 May 2019

Year of Manufacture: 2018

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: AE IONIQ HEV 1.6 DCT

Primary Colour: Silver

Secondary Colour: -

Passenger Capacity: 4

Chassis No.: KMHCB51CVKU129720

Engine No.: G4LEJU155321

Motor No.: PM04JB5081DJ

Engine Capacity /Power Rating: 1580 cc / 32.0 kW

Maximum Power Output: 103.6 kW (138 bhp)

Propellant:	Petrol-Electric
Max Unladen Weight:	1370 kg
Maximum Laden Weight:	1870 kg
Open Market Value:	\$25,279.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 May 2027
Minimum PARF Benefit:	\$7,434.00
No. of Transfers:	0
IU Label No.:	1050533330
COE No.:	2019053001003544G
COE Expiry Date:	29 May 2027
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:	- / \$27,886.00
PQP Paid:	\$22,309.00
QP (Regn Cat):	-
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$0.00
Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$5,279.00 (140%)
Actual ARF Paid:	\$12,391.00
Vehicle Lifespan Expiry Date:	29 May 2027
CO2 Emission:	86.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$15,000.00
CO Emission:	0.109280 (g/km)
HC Emission:	0.028670 (g/km)
NOx Emission:	0.002060 (g/km)
PM Emission:	0.052000 (mg/km)
Message:	This is a public service vehicle.

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: 5107202885-001924

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHC6791A**
 Chassis Number : KMHC851CVKU129720
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 30 May 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	: DBS BANK LTD
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

CHECK IN / OUT VOUCHER

DRIVER'S NAME **KHOO KAH CHYE, PETER (HIRER)**

INDICATE AREA OF DAMAGE HERE:

NRIC **S** _____ HANDPHONE **91073457**

TAXI REGN NO. **S H C 6791 A** MAKE / MODEL **HYUNDAI IONIQ**

DATE IN **03/02/20** TIME IN **11:03 AM** DATE OUT **03/02/20** TIME OUT **12:45**

KILOMETRES IN **86230** 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
KHOO KAH CHYE **X**
KHOO KAH CHYE

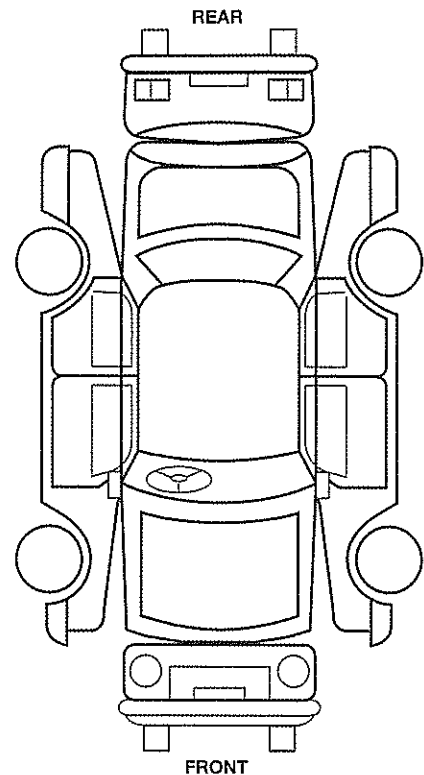
DRIVER'S NAME

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)


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

☐ SERVICING ☐ OTHERS:
☐ T / BELT
☐ AIRCON SYSTEM ☒ ACCIDENT: DATE / TIME of ACCIDENT:
☐ TURBO **09/01/20 11:35**
☐ BRAKE SYSTEM
☐ CLUTCH SYSTEM
☐ BULB
☐ UNDER CARRIAGE
☐ CPF
☐ BATTERY

TP/V