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: SHC6299E/VC Your Ref: GBC6714U

WITHOUT PREJUDICE

12 June 2020

(By Email Only)

Attn: <u>The Motor Claims Department</u> China Taiping Insurance (Singapore) Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Dear Sir/Madam

ACCIDENT INVOLVING SHC6299E AND GBC6714U ALONG BUANGKOK DRIVE – NEAR TRAFFIC LIGHT JUNCTION ON 27.05.2020

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6299E**, 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: GBC6714U at the material time of the accident with the driver of our client's vehicle, Ms. Tan Seow Sze, Candy.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: GBC6714U, our client's vehicle was damaged and we have been put to loss and damage as follows:

(5) Towing Fee	\$ 50.00 1,196.23
(4) GIA Search fee	\$ 2.00
(3) Loss of Income – 3 Days @ \$100.00 per day	\$ 300.00
(2) Loss of Rental – 3 Days @ \$99.51 per day	\$ 298.53
(1) Cost of repair (Incl. GST)	\$ 545.70

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

- (1) GIA report & sketch plan of SHC6299E
- (2) Driver's I/C and Driving License
- (3) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (4) Check In/Out Voucher
- (5) GIA search
- (6) Towing Slip

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: SHC6299E/VC Your Ref: GBC6714U

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

This is a computer-generated letter. No signature is required.

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.

i
l
١
١
Ш
ï
ì
ĺ
E
Ī
î
ŀ
T
3
Ŕ
Ī
Ĭ
3
•
I
e
C
۲
ŀ
ø

 Date Of Report
 27/05/2020 18:24

 Date Of Accident
 27/05/2020 13:20

Exact Location Of Accident ALONG BUANGKOK DRIVE - NEAR TRAFFIC LIGHT JUNCTION

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC6299E

Insured/Policyholder

Name Of Registered Owner PREMIER TAXIS PTE LTD

Co Reg No 2XXXX975H
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

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

Fleet Policy YES

Policy Number 5107202885-01

Cover Note Number

Driver

Name of Driver TAN SEOW SZE, CANDY

NRIC No SXXXX672I
Date Of Birth 27/03/1981
Occupation OUTDOOR
Date Of Driving Pass 14/05/2008

Driving Experience 12 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98209696

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 601B PUNGGOL CENTRAL, #16-604

Postcode

822601

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR DRY

Road Surface

Other Information

Type Of Accident

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

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

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

REFER TO THE ATTACHED STATEMENT

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

GBC6714U

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Vehicle Category

Contact Number

COMMERCIAL VEHICLE

Name of Driver

TANG BOON HWA SXXXX451H

NRIC/Passport Number

93853294

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT LEFT PORTION

No. Of Passenger (Including Driver)

1

Sketch Plan Pg. 1

			· ·
SKETCH PLAN			RIVERVALL
:	and the second s	Consideration of the Constitution of the Const	RIVERVALL
	The state of the s	The state of the s	COOK TO SERVICE OF THE SERVICE OF TH
			and the second s
,		man internal data man man man man man man man man man ma	general and the second
ALONG BO	ANAKOK)		The second secon
			- Company of the Comp
	\$, control of the cont
TRAFFIC EA	1 1 1	in the second se	
		See The Control of th	· John · Market
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	<u> </u>	

		······································	
	MMMM A. M		
	4: SHC 62°	19 E	
	B: GBC 671	1 · 1	***************************************
	0. 1715 677		
		707-set	
**************************************		- Add the territory of the second	
DECLARATION			
I/We declare the foregoing particular	r.		001
	S8108672-I	x hd	27/05/2020
Policyholdar Spiereture	Drivér's Signature	Reporting Centre Perso	
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:	

GIA DECLARATION 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 coples of this report will for a fee be made available upon application by interested parties.
- 7. By the ladgment 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- 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)
 - (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")
- 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
- 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.

SHC 6299 E

S8108672I

- (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

bin

27/05/2016

Name:

NRIC/FIN No.

Individual Statement Pg. 1

Describe Circumstance of the Accident.

ON 27/05/2020 @ 1320 HRS, I WAS DRIVING MY TAXI (SHC 6299 E - KIA OPTIMA/SILVERCAB) - TRAVELLING ALONG BUANGKOK DRIVE - NEAR TRAFFIC LIGHT JUNCTION, IN THE EXTREME LEFT LANE, WITH NO PASSENGERS ONBOARD.

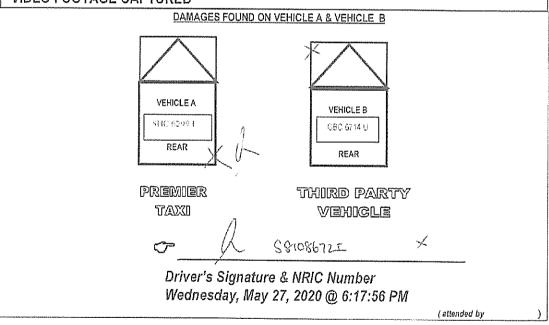
I WAS TRAVELLING STRAIGHT AHEAD WITHIN MY OWN LANE, FOLLOWING TRAFFIC FLOW. SUDDENLY, I NOTICED THAT THE TRAFFIC LIGHT AHEAD TURNED FROM GREEN TO AMBER. UPON SEEING THIS, I APPLIED BRAKES AND SLOWED DOWN TO A COMPLETE STOP. SUDDENLY, I FELT AN IMPACT FROM THE REAR. I THEN REALIZED THAT VEHICLE B (GBC 6714 U – TOYOTA HIACE), WHO WAS INITIALLY TRAVELING STRAIGHT BEHIND ME, HAD STEERED TO THE RIGHT AT THE LAST MINUTE, HITTING ONTO MY TAXI'S REAR RIGHT PORTION.

DUE TO THE IMPACT, MY VEHICLE SUSTAINED DAMAGES ON THE REAR RIGHT PORTION WHILE VEHICLE B SUSTAINED DAMAGES ON THE FRONT LEFT PORTION.

NO INJURY INVOLVED.
NO PASSENGERS ONBOARD VEHICLE B.

NO AMBULANCE AT SCENE.

VIDEO FOOTAGE CAPTURED





Date of Issue 02-03-2012

APT BLK 601B PUNGGOL CENTRAL #16-604 SINGAPORE 822601

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

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

14 May 2008 please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description 02 TAXI VL

Issue Date

09/12/2015

(RELIEF)

NP 428A





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,

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$81086721



Name

TAN SEOW SZE, CANDY (CHEN XIAOSHI, CANDY)

CHINESE

SINGAPORE

Date of birth 27-03-1981 Country of birth

881086721

REPUBLIC OF SINGAPORE DRIVING LICENCE



TAN SEOW SZE, CANDY CHEN XIAOSHI, CANDY

Licence Number S 8 1 0 8 6 7 2 I

Birth Date: 27 Mar 1981 Issue Date: 17 Jun 2015



AUTO TRANSMISSION VEHICLE ONLY Land Transport Authority

VOUATIONALISCENCE

icence No. S81086721

CANDY

ISSUE DOILE | 10/12/2016

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

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:

25 Nov 2014 / 09:01:04

Receipt No.:

AACCK001-AX239-141125-000003

Asset Type:

Vehicle

Transaction Amount:

\$64,194.00

Asset ID:

SHC6299E

Channel:

AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type:

Business Transaction Reference No.:

01.02 Register New Vehicle (AA)

20141125090104878203

Vehicle No.:

SHC6299E

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: 25 Nov 2014

Original Registration Date:

25 Nov 2014

Vehicle Make:

KIA

Vehicle Model:

OPTIMA 1.7(A) DIESEL

Chassis No.:

KNAGM414MF5555006

Engine No.:

D4FDEH311809

Motor No.:

Trailer Chassis No.:

Propellant:

Diesel

Passenger Capacity:

4

Engine Capacity:

1685

Power Rating: Unladen Weight:

1584

Maximum Laden

2050

Weight:

Silver

Primary Color:

Secondary Color: Manufacturing Year:

2014

Open Market Value:

\$20,155.00

Minimum PARF

\$7,630.00

Benefit:

PARF Eligibility:

No. of Transfer:

0

Effective Ownership Date/Time:

25 Nov 2014 09:01:04

COE No.:

2014112501001350D

COE Expiry Date:

24 Nov 2022

COE Bid Category:

Actual QP/PQP Paid

Amount:

\$51,337.00

Lifespan Expiry Date:

24 Nov 2022

Owner ID Type:

Company



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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107202885-01-000556

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SHC6299E

Chassis Number

: KNAGM414MF5555006

2. Name of Policyholder

: PREMIER TAXIS PTE. LTD.

3. Effective Date of Insurance

: 01 Apr 2020

4. Expiry Date of Insurance

: 31 Mar 2021

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)

: \$\$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

: 02 Apr 2020 14:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



04 June 2020

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Loh Chung Pin (Luo Junbin) of NRIC Number S7605258A is a registered driver of SHC6299E. Loh Chung Pin (Luo Junbin) 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

Chin Bee Lian (Ms)

Assistant Vice President

Taxis Administration

Prepared By: Hasnah

PREMIER TAXIS PTE LTD
23 Changi Sonth Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 0330
www.premiertaxi.com.sg
Co. Reg. No. 200304975H

5/27/2020 Invoice



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-20-066187

Date of Request:

27/05/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date

27/05/2020

Enquiry By

VINCENT CHUA WEE AN

\Vehicle No.

GBC6714U

Accident Date

27/05/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBC6714U	China Taiping Insurance (Singapore) Pte. Ltd.	23/05/2020-22/05/2021	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.

This is a computer generated document and requires no signature.

5/27/2020 Invoice



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-20-066187

Date of Request:

27/05/2020

Your Ref No:

Online Purchase

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

Singapore 486443

Dear Sir/Madam,

Enquiry Date

27/05/2020

Enquiry By

VINCENT CHUA WEE AN

Vehicle No.

GBC6714U

Accident Date

27/05/2020

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:

[X] GIRO [] Cash [] Cheque

CASH SALE/WORK ORDER No:AL 2594



LE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60, SINGAPORE 408717

TEL: 6743 1987 (3 LINES) FAX: 6743 0013

Reg No: 200415052W

nate, 27 位 20
中競 SHC 6299 巨車型 Vehicle No: Kin Model No:
rom: Anahot Vale Lane BIK313A
到 To:
其 他 Remark:
Time: A AMOUNT: \$
注意:本公司計所拖之率納、在進行中和有任何損失或破壞,一概由率主自行負責。 NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.
經手人 Authorised by:

PREMIER

O BATTERY

REPLACEMENT VEH GIVEN YES / NO

VEH NO. ___

TAXIS		CHECK IN	/ OUT VOUCHE	R	
DRIVER'S NAME TAN	Stow S	ZE / CAND			OF DAMAGE HERE:
	672 I		209696		EAR
TAXI REGN NO. S H C	6299E	MAKE / MODEL	KOL		
:	IME IN		TIME OUT		
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 DOWNLOADI	NO NO	DATE / TIME TOWED IN D D M M Y Y DATE / TIME CALL TO DF	H H M M		
I ACKNOWELDGE AND CO THAT THE SAME IS IN GO TOGETHER WITH THE AC CONJUNCTION WITH THE	OOD CONDITION AND CCESSORIES / ITEM	TO MY SATISFACTI S LIST ABOVE. THIS	ON IN EVERY RESPECT		
TAN SEOW SZE (DRIVER'S NAME	andy X	CHE GWGY C DRIVER'S NAME	M Slow Sile		
A_	~	4			39
DRIVER'S SIGNATURE / D	ATE / TIME	DRIVER'S SIGNATU	JRE DATE TIME	FR	ONT
2	0			BODY MARKINGS 1 – Light Dent	5 – Damaged
CHECKED IN BY (PREMIER'S AUTHORISED) WORKSHOP)	CHECKED OUTBY (PREMIER'S AUTHO	ORISED WORKSHOP)	2 – Serious Dent 3 – Light Scratch 4 – Serious Scratch	6 – Chip 7 – Crack 8 – Peeling
SERVICE / REPAIRS DON	ĮĒ	<u></u>	DRIVER'S REMARKS		
O T/BELT	OTHERS: ACCIDENT: DATE / 1 2 3 0 5 2 0	H326			