

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: **SHB8971P/SR**

26 October 2020

WITHOUT PREJUDICE

(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 SHB8971P AND SHD3039D ALONG WOODLANDS RING ROAD ON 06.10.2020

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHB8971P**, 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: **SHD3039D** at the material time of the accident with the driver of our client's vehicle, Mr. Ng Wee Pong.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SHD3039D**, our client's vehicle was damaged and we have been put to loss and damage as follows:

1. Cost of Repair (Include GST)	\$ 1,559.12
2. Loss of Rental (6 days x \$70.62 per day)	\$ 423.72
3. Loss of Income (6 days x \$100.00 per day)	\$ 600.00
	<u>\$ 2,582.84</u>

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

- (1) GIA report & sketch plan of **SHB8971P**
- (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: **SHB8971P/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	06/10/2020 08:44
Date Of Accident	06/10/2020 06:50
Exact Location Of Accident	WOODLANDS RING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8971P
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	5107202885-01
Cover Note Number	
Driver	
Name of Driver	NG WEE PONG
NRIC No	SXXXX334A
Date Of Birth	15/01/1948
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1967
Driving Experience	53 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91001485
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 770 #08-148
WOODLANDS DRIVE 60
Postcode 730770
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 - MAJOR/MINOR RD
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) 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

BOTH VEHICLES - NO 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 SHD3039D
Vehicle Make/Model/Colour COMFORT TAXI
Details Of Properties VEH. B
Vehicle Category TAXI
Name of Driver ERIC TAN
NRIC/Passport Number
Contact Number 91441829
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 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.



*

06 OCT 2020

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.:

α 0998334 A

Describe Circumstance of the Accident.

ON 06/10/2020 @ 0650HRS, I WAS DRIVING MY TAXI (SHB 8971 P) TRAVELLING ALONG WOODLANDS RING ROAD – ON A SINGLE LANE OF DUAL CARRIAGE WAY.

WHILE I WAS MOVING STRAIGHT AHEAD – SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

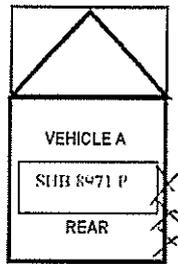
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHD 3039 D- COMFORT TAXI) WHICH WAS EXITING FROM A CARPARK DRIVEWAY (ON MY RIGHT) HAD COLLIDED ONTO THE RIGHT REAR OF MY TAXI WHILE COMPLETING HIS RIGHT TURN INTO THE MAIN ROAD.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT REAR PORTION & VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

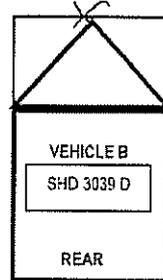
NO INJURY INVOLVED.
NO AMBULANCE AT SCENE.
NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE

NG *[Signature]* 0998334 A

Driver's Signature & NRIC Number
Tuesday, October 06, 2020 @ 8:51:02 AM

(attended by *[Signature]*)

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHB 897 IP
CONTACT NO.	9100 1485
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0998334A**
Name: **NG WEE PONG**



Birth Date: 15 Jan 1948
Issue Date: 15 Jan 2004

001087178A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0998334A



Name: NG WEE PONG



Race: 黄惠鹏
CHINESE

Date of Birth: 15-01-1948 Sex: M

Country of Birth: SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S0998334A
Name: NG WEE PONG
Issue Date: 16/12/2005



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

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	26 Aug 1980
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Jan 1967

1071737



NRIC No. S0998334A



Blood Group: B+ Date of issue: 11-07-1994

Address: APT BLK 770 WOODLANDS DRIVE 60#08-14B SINGAPORE 730770

NRIC No: S0998334A Date: 12-03-1998 No: 2507573

NP 428A

Licence No: S0998334A



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 VL	16/01/1992





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

TAX INVOICE

MS FIRST CAPITAL INSURANCE LIMITED
36 ROBINSON ROAD #16-01
CITY HOUSE
SINGAPORE 068877

DATE 21-Oct-2020
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI IONIQ REGN NO: SHB 8971 P			\$ 1,457.12
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,457.12
GST @ 7%				\$ 102.00
GRAND TOTAL				\$ 1,559.12



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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.: SHB8971P
 Previous Vehicle No.: -
 Effective Date of Ownership: 10 Apr 2019
 Original Regn Date: 10 Apr 2019
 Registration Date: 10 Apr 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.: KMHC851CVKU129660
 Engine No.: G4LEJU156336
 Motor No.: PM04JB5013DJ
 Engine Capacity /Power Rating: 1580 cc / 32.0 kW
 Maximum Power Output: 103.6 kW (138 bhp)



21 October 2020

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Ng Wee Pong of NRIC Number S0998334A is a registered driver of SHB8971P. Ng Wee Pong is paying a discounted daily rental rate of \$70.62 (Inclusive of GST) on 06 Oct 2020.

Should you require further information, please contact us at 6214 8880.

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to read "Chin Bee Lian".



Chin Bee Lian (Ms)
Assistant Vice President
Taxis Administration

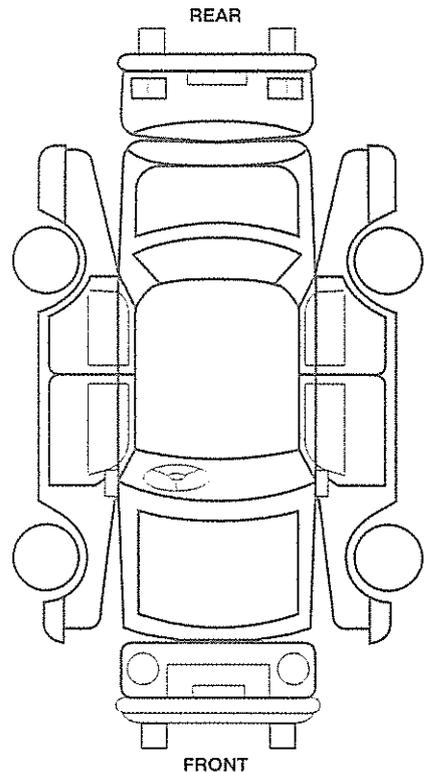
Prepared by: Hasnah

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

CHECK IN / OUT VOUCHER


DRIVER'S NAME <u>Ng Wee Pong</u>		HANDPHONE <u>91001485</u>	
NRIC S		MAKE / MODEL <u>IONIQ</u>	
TAXI REGN NO. S H	<u>B 8971P</u>	DATE IN	TIME IN
		<u>06/020</u>	<u>0844</u>
		DATE OUT	TIME OUT
		<u>12/020</u>	<u>1310</u>
KILOMETRES IN	FUEL IN	KILOMETRES OUT	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		<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 <input type="checkbox"/> NO <input type="checkbox"/>	DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

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

NG WEE PONG

DRIVER'S NAME

[Signature]

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

DRIVER'S NAME

[Signature]

DRIVER'S SIGNATURE / DATE / TIME

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

SERVICE / REPAIRS DONE	DRIVER'S REMARKS
<input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS: <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO <u>06/020 0650</u> <input type="checkbox"/> BRAKE SYSTEM <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <u>TP/L</u> <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	