

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: **SHC6985H/SR**

WITHOUT PREJUDICE

19 January 2021

(By Email)

Attn: The Motor Claims Department

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#08-16
Singapore 079120

Dear Sir/Madam

ACCIDENT INVOLVING SHC6985H / EP98A / YN4363G ALONG COLLYER QUAY TOWARDS FINLAYSON GREEN ON 07/12/2020

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6985H**, 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: **EP98A** at the material time of the accident with the driver of our client's vehicle, **Mr. Seng Teck Hew**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **EP98A**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (Incl. GST)	\$ 556.40
(2) Loss of Rental – 2 Days @\$70.62 per day	\$ 141.24
(3) Loss of Income – 2 Days @\$100.00 per day	\$ 200.00
(3) GIA Search	\$ 2.00
	<u>\$ 899.64</u>

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

- (1) GIA report & sketch plan of **SHC6985H**
- (2) Driver's I/C and Driving Licence
- (3) Final repair bill
- (4) Vehicle Registration card, Certificate of Insurance, Certificate Letter
- (5) Check In/Out Voucher
- (6) GIA search

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SINGAPORE 486443

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Our Ref: SHC6985H/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

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 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 Submission	08/12/2020 11:27 (SGT)
Date of Accident	07/12/2020 12:20 (SGT)
Exact Location of Accident	Collyer Quay, Singapore
Additional Location Information	COLLYER QUAY TOWARDS FINLAYSON GREEN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6985H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	2XXXXX975H
Email Address	CLAIMS@PREMIERTAXI.COM
Mobile Phone No	(Phone) +65-91550072
Alternative Phone No	(Office) +65-62148880

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Optima
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5107202885-01
Cover Note Number	-

DRIVER

Name of Driver	SENG TECK HEW
NRIC No	SXXXX381A
Date Of Birth	10/10/1955
Occupation	Outdoor

Date Of Driving Pass	19/05/1977
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94750828
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 408C #05-10
Address complement	FERNVALE ROAD
Postcode	793408
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

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	EP98A
Vehicle Manufacturer	Kia
Vehicle Model	Cerato
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MALE CHINESE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	FRONT BUMPER DAMAGED
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN4363G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MALE CHINESE
Contact Number	(Phone) +65-85533344
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	TOWING TRUCK
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 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.

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.



X *AS* *51130381A*

08 DEC 2020

[Signature]

Policyholder's Signature / Date & Time

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

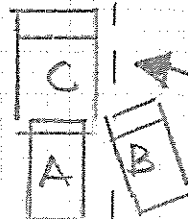
Witnessed by Reporting Centre Personnel

Sketch Plan

A: SHC 6985H

B: EP 98A

C: YN 4363G



Towards
Finlayson Green

Collyer Quay

Describe Circumstances of the Accident

perfor to attach statement

Declaration

We declare the foregoing particulars are true in every respect.





x *[Signature]* 51130381A



00 DEC 2020

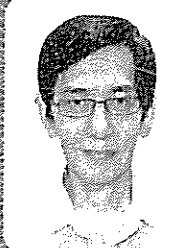
[Signature]

Describe Circumstance of the Accident.
* CHAIN COLLISION *
<p>ON 07/12/2020 @ 1135HRS, MY TAXI (SHC 6985 H) WAS BREAKDOWN AND MADE THE NECESSARY ARRANGEMENT FOR TOWING.</p> <p>ON 07/12/2020 @ 1220HRS, WHILE SEATED IN VEHICLE C (YN 4363 G - THE TOWING TRUCK) WITH MY TAXI (SHC 6985 H) BEING TOWED – TRAVELLING ALONG COLLYER QUAY TOWARDS FINLAYSON GREEN, SUDDENLY VEHICLE B (EP 98 A – KIA CERATO) WHICH WAS ON THE RIGHT – COLLIDED ONTO THE RIGHT REAR OF VEHICLE B – WHILE FILTERING.</p> <p>THE IMPACT CAUSED THE FRONT BUMPER OF VEHICLE B TO DISLODGE & HIT ON THE RIGHT PORTION OF MY TAXI.</p> <p>WHEN INSPECTED, THE RIGHT PORTION OF MY TAXI DAMAGED. VEHICLE B HAD DAMAGES ON THE FRONT BUMPER. NO DAMAGES TO THE VEHICLE C.</p> <p>NO INJURY INVOLVED. NO AMBULANCE AT SCENE.</p> <p>*VIDEO FOOTAGE CAPTURED.</p>
<p style="text-align: center;">CHAIN COLLISION / MULTIPLE VEHICLES</p> <p style="text-align: center;"><u>DAMAGES FOUND ON VEHICLE A. B. C. D. E & F</u></p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <p>PREMIER TAXI</p> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> </div> <div style="text-align: center; margin-top: 10px;"> <p>THIRD PARTY VEHICLES</p> <p><i>[Signature]</i> 5130381A</p> <p>Driver's Signature & NRIC Number</p> <p>Tuesday, December 08, 2020 @ 11:11:15 AM</p> </div>

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC 6985H
CONTACT NO.	9475 0828
NEW MAILING ADDRESS (if any)	

	Licence Number: S1130381A
	Name: SENG TECK HEW
	Birth Date: 10 Oct 1955 Issue Date: 31 Mar 2004
	

REPUBLIC OF SINGAPORE		
IDENTITY CARD NO. S1130381A		
	Name	SENG TECK HEW
	程 德 球	
	Race	CHINESE
	Date of birth	10-10-1955
	Sex	M
	Country of birth	SINGAPORE
		S1130381A

Land Transport Authority	
VOCATIONAL LICENCE	
	Licence No: S1130381A
	Name: SENG TECK HEW
	Issue Date: 16/11/2015
	Please visit www.lta.gov.sg to check the status of this vocational licence

		4247180
	NRIC No.	S1130381A
	Date of issue	24-06-2008
	APT BLK 408C FERNVALE ROAD #05-10 SINGAPORE 793408	
NRIC No:	S1130381A	No: 7070176
	Date:	13/03/2012

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 May 1977

NP 428A	
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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	16/11/2015






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

AIG Asia Pacific Insurance PTE Ltd
78 Shenton Way #08-16
SINGAPORE 079120

TAX INVOICE

DATE 15-Jan-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6985 H			\$ 520.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 520.00
GST @ 7%				\$ 36.40
GRAND TOTAL				\$ 556.40


for Premier Automotive Services Pte Ltd



(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	08 Jan 2016 / 08:30:43	Receipt No.:	AACCK001-AX239-160108-000005
Asset Type:	Vehicle	Transaction Amount:	\$68,666.00
Asset ID:	SHC6985H	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20160108083043359956		
Vehicle No.:	SHC6985H		
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:	08 Jan 2016		
Original Registration Date:	08 Jan 2016		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5658267		
Engine No.:	D4FDFH314415		
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:	2015		
Open Market Value:	\$22,299.00		
Minimum PARF Benefit:	\$13,931.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	08 Jan 2016 08:30:43		
COE No.:	2016010801003460R		
COE Expiry Date:	07 Jan 2024		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$45,307.00		
Lifespan Expiry Date:	07 Jan 2024		

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 : 5107202885-01-000991 **Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SHC6985H**
Chassis Number : KNAGM414MF5658267
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)	: S\$3,500
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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



12 January 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Seng Teck Hew of NRIC Number S1130381A is a registered driver of SHC6985H. Seng Teck Hew is paying a discounted daily rental rate of \$70.62 (Inclusive of GST) on 07 Dec 2020.

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

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to be "Chir Bee Lian".



Chir 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

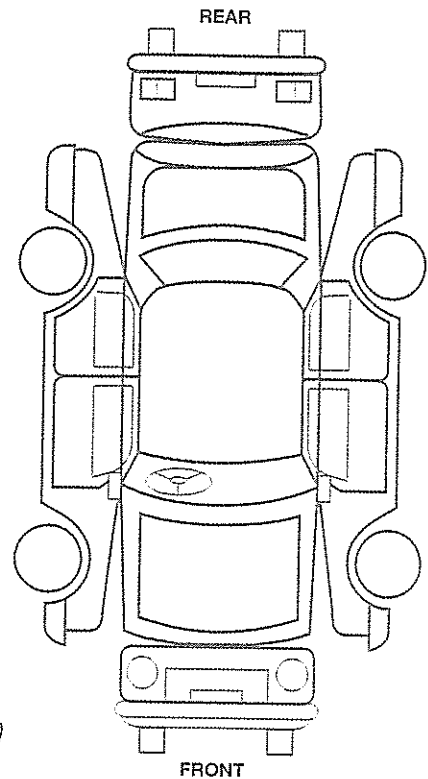
VEH NO. _____

JOB NO.

CHECK IN / OUT VOUCHER

DRIVER'S NAME <i>Seng Teck Hew</i>	
NRIC <i>S</i>	HANDPHONE <i>94750828</i>
TAXI REGN NO. <i>S H C6985H</i>	MAKE / MODEL <i>K02</i>
DATE IN <i>16/2/20</i>	DATE OUT <i>17/2/20</i>
TIME IN <i>0950</i>	TIME OUT <i>1830</i>
KILOMETRES IN	KILOMETRES OUT
FUEL IN	FUEL OUT
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> E 1/4 1/2 3/4 F </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> E 1/4 1/2 3/4 F </div>

INDICATE AREA OF DAMAGE HERE:



FRONT

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		
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
<i>Seng Teck Hien</i>	
DRIVER'S NAME	DRIVER'S NAME
<i>[Signature]</i>	<i>Seng Teck Hien</i>
DRIVER'S SIGNATURE / DATE / TIME	DRIVER'S SIGNATURE / DATE / TIME
<i>[Signature]</i>	<i>17/12/20 1830 hrs</i>
CHECKED IN BY (PREMIER'S AUTHORISED WORKSHOP)	CHECKED OUT BY (PREMIER'S AUTHORISED WORKSHOP)

SERVICE / REPAIRS DONE	DRIVER'S REMARKS
<input type="checkbox"/> SERVICING <input type="checkbox"/> T / BELT <input checked="" 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	<div style="position: relative; height: 100px;"> OTHERS: <div style="position: absolute; top: 40%; left: 10%;"> ACCIDENT: DATE / TIME of ACCIDENT: <i>07/220 1220</i> <i>TP/L</i> </div> </div>


INSURER ENQUIRY

Find insurer

Vehicle reg. no.

EP98A

Date of Accident

07/12/2020 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **AIG**Period of Insurance **11/10/2020 - 10/10/2021**Requested By **LIEW HAI LEONG (PREMIER AU...**Requested Date **08/12/2020 16:47****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**