

# 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: **SHD1461E/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 SHD1461E AND SLL5073B ALONG SLIP ROAD OF  
TAMPINES ST 32 INTO TAMPINES AVE 2 ON 16/12/2020**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1461E**, 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: **SLL5073B** at the material time of the accident with the driver of our client's vehicle, **Mr. Lim Chee Siong**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SLL5073B**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (Incl. GST)	\$ 1,444.50
(2) Loss of Rental – 3 Days @\$67.41 per day	\$ 202.23
(3) Loss of Income – 3 Days @\$100.00 per day	\$ 300.00
(4) GIA Search	\$ 2.00
	<b><u>\$ 1,948.73</u></b>

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

- (1) GIA report & sketch plan of **SHD1461E**
- (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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CO. REG:200707743D GST REG:200707743D

Our Ref: SHD1461E/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](mailto: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	16/12/2020 09:13 (SGT)
Date of Accident	16/12/2020 06:25 (SGT)
Exact Location of Accident	Tampines Street 32, Singapore
Additional Location Information	SLIP ROAD OF TAMPINES ST 32 INTO TAMPINES AVE 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1461E
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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	Hyundai
Model	I30
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	LIM CHEE SIONG
NRIC No	SXXXX593I
Date Of Birth	15/06/1970
Occupation	Outdoor



Date Of Driving Pass	19/07/1989
Driving experience	31 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91469269
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 733 #06-69
Address complement	TAMPINES ST 1
Postcode	520733
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
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 SKETCH PLAN & STATEMENT

BOTH VEHICLES - NO PAX ONBOARD

#### 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	SLL5073B
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	MR LEE
Contact Number	(Phone) +65-97822932
Address	-
Address complement	-

Postcode		-
Insurance Company Name		-
Nature Of Damage		-
Details of property damaged in accident		-
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 willful 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



16 DEC 2020

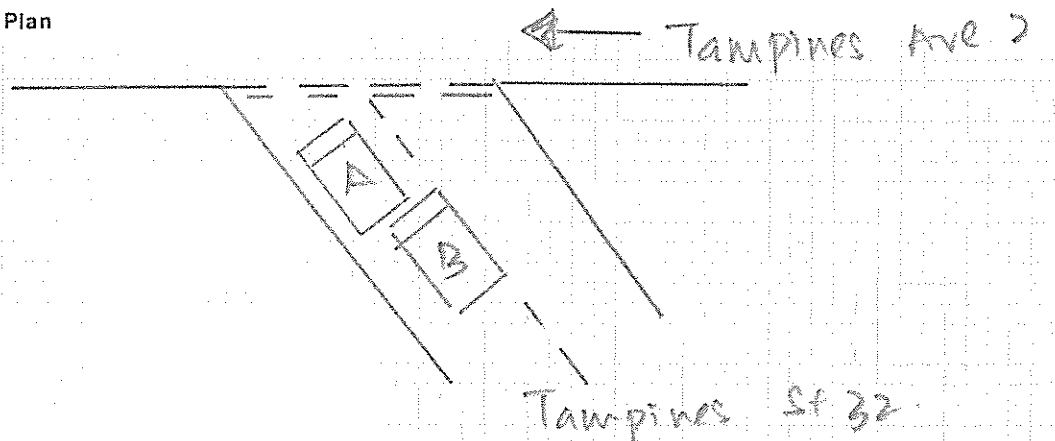
*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]* 57020593/2  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

Refer to attach

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

h 87020593/1

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

16 DEC 2011

*[Signature]*

Witnessed by Reporting Centre Personnel

Describe Circumstance of the Accident.

ON 16/12/2020 @ 06:25HRS, I WAS DRIVING MY TAXI ( SHD 1461 E) TRAVELLING ALONG THE SLIP ROAD OF TAMPINES ST 32 INTO TAMPINES AVE 2 – ON THE LEFT LANE.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP – GIVING WAY TO ONCOMING VEHICLES FROM THE RIGHT.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, VEHICLE B ( **SLL 5073 B – MITSUBISHI/RED** ) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

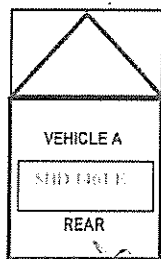
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION & VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

NO INJURY INVOLVED.

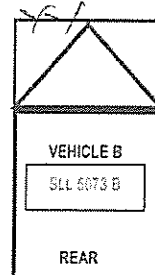
NO PASSENGERS ONBOARD BOTH VEHICLES.

\*SCENE PHOTOS & VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE

*[Handwritten signature]* S7020593/I

Driver's Signature & NRIC Number  
Wednesday, December 16, 2020 @ 9:07:24 AM

(attended by

*[Handwritten signature]*)

<b>PREMIER TAXIS</b>	HIRER / <u>RELIEF</u> / SUPER RELIEF
VEHICLE NO.	SPD 1461E
CONTACT NO.	9146 9289
NEW MAILING ADDRESS (if any)	/

**SINGAPORE DRIVING LICENCE**

Portrait photo of Lim Chee Siong

Licence Number: **S70205931**  
Name: **LIM CHEE SIONG**

Birth Date: 15 Jun 1970  
Issue Date: 25 Jun 2003

Barcode: 000598729H

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S70205931**

Portrait photo of Lim Chee Siong

Name: **LIM CHEE SIONG**  
林志祥

Race: **CHINESE**  
Date of birth: 15-06-1970  
Sex: **M**  
Country of birth: **SINGAPORE**

NRIC No: **S70205931**

**Land Transport Authority**

**VOCATIONAL LICENCE**

Portrait photo of Lim Chee Siong

Licence No: **S70205931**  
Name: **LIM CHEE SIONG**  
Issue Date: **4/12/2012**

Please visit [www.lta.gov.sg](http://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 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Jul 1989

4708912

Barcode

NRIC No: **S70205931**

Fingerprint

Date of issue: 16-04-2011

Address: **APT BLK 733 TAMPINES STREET 71 #06-69 SINGAPORE 520733**

NP 428A

Barcode

Licence No: **S70205931**

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	16/10/2012
03	BUS VL	04/12/2012
04	BUS ATTENDANT	04/12/2012





**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 HYUNDAI I30 REGN NO: SHD 1461 E			\$ 1,350.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,350.00
GST @ 7%				\$ 94.50
GRAND TOTAL				\$ 1,444.50



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.: SHD1461E  
 Previous Vehicle No.: -  
 Effective Date of Ownership: 26 Jul 2017  
 Original Regn Date: 26 Jul 2017  
 Registration Date: 26 Jul 2017  
 Year of Manufacture: 2016  
 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: I30 GDH 1.6 TCI 5DR DCT  
 Primary Colour: Silver  
 Secondary Colour: -  
 Passenger Capacity: 4  
 Chassis No.: TMAD281UVHJ129437  
 Engine No.: D4FBGZ127648  
 Engine Capacity/Power Rating: 1582 cc / -  
 Maximum Power Output: 100.0 kW (134 bhp)  
 Propellant: Diesel  
 Max Unladen Weight: 1496 kg  
 Maximum Laden Weight: 1940 kg  
 Open Market Value: \$20,527.00  
 PARF Eligibility: Yes  
 PARF Eligibility Expiry Date: 25 Jul 2025  
 Minimum PARF Benefit: \$7,942.00  
 No. of Transfers: 0  
 IU Label No.: 1050706614  
 COE No.: 2017072601003993W  
 COE Expiry Date: 25 Jul 2025  
 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: - / \$48,200.00  
 PQP Paid: \$38,560.00  
 QP (Regn Cat): -  
 OPC Cash Rebate Eligibility: No

## 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 :** 5107202885-01-001316

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SHD1461E**  
Chassis Number : TMAD281UVHJ129437
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	: 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 : 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 Bernard Khoo Gin San (Bernard Qiu Renshan) of NRIC Number S7321457B is a registered driver of SHD1461E. Bernard Khoo Gin San (Bernard Qiu Renshan) is paying a discounted daily rental rate of \$67.41 (Inclusive of GST) on 16 Dec 2020.

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

Thank you.

Yours sincerely

A stylized handwritten signature, appearing to be "L" with a vertical line extending upwards.



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](http://www.premiertaxi.com.sg)  
Co. Reg. No. 200304975H

**CHECK IN / OUT VOUCHER**

--	--	--	--	--	--	--	--

DRIVER'S NAME <u>Lim Chee Siong</u>	
NRIC S <u> </u>	HANDPHONE <u>91469269</u>
TAXI REGN NO. S H <u>D1461E</u>	MAKE / MODEL <u>i30A</u>
DATE IN <u>16/12/20</u> TIME IN <u>0915</u>	DATE OUT <u>18/12/20</u> TIME OUT <u>1300</u>
KILOMETRES IN <u> </u> FUEL IN <u>E 1/4 1/2 3/4 F</u>	KILOMETRES OUT <u> </u> FUEL OUT <u>E 1/4 1/2 3/4 F</u>

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**
Lim Chee Siong  
DRIVER'S NAME

DRIVER'S NAME

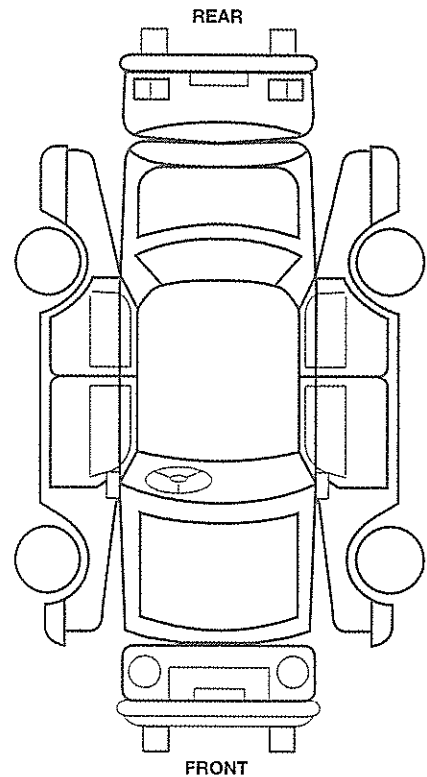
DRIVER'S SIGNATURE / DATE / TIME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

CHECKED OUT BY  
(PREMIER'S AUTHORISED WORKSHOP)

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 |

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 type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <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	<u>16/12/20 0625</u> <u>TP/L</u>


## INSURER ENQUIRY

**Find insurer**

Vehicle reg. no.

SLL5073B

Date of Accident

16/12/2020 

Reset

% **RESULT & RECEIPT**

## TP Insurer Enquiry

Insurance ..... **AIG**Period of Insurance ..... **28/02/2020 - 27/02/2021**Requested By ..... **LIEW HAI LEONG (PREMIER AU...**Requested Date ..... **16/12/2020 09:33****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**