

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: SHC6955U/SR

WITHOUT PREJUDICE

19 January 2021

(By Email Only)

Attn: The Motor Claims Department

China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road #16-00

Springleaf Tower

Singapore 079909

Dear Sir/Madam

**ACCIDENT INVOLVING SHC6955U AND SJX7963E ALONG UPPER
SERANGOON ROAD BEFORE HOUGANG ST 31 ON 25/12/2020**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6955U**, 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: **SJX7963E** at the material time of the accident with the driver of our client's vehicle, **Mr. Lim Siew Ann**

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SJX7963E**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 1,872.50
(2) Loss of Rental – 4 Days @\$70.62 per day	\$ 282.48
(3) Loss of Income – 4 Days @\$100.00 per day	\$ 400.00
(4) GIA Search fee	\$ 2.00
	<u>\$ 2,556.98</u>

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

- (1) GIA report & sketch plan of **SHC6955U**
- (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
- (6) GIA search

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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	28/12/2020 11:52 (SGT)
Date of Accident	25/12/2020 17:45 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	UPPER SERANGOON ROAD BEF HOUGANG ST 31
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC6955U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	5XXXXXXX5-01
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	LIM SIEW ANN
NRIC No	SXXXX586J
Date Of Birth	02/10/1952
Occupation	Outdoor



Date Of Driving Pass	12/06/1979
Driving experience	41 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90508700
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 215A #04-506
Address complement	COMPASSVALE DRIVE
Postcode	541215
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	Collision - Change/cross lane
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

VEH. A - NO PAX
VEH. B - 1 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



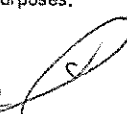
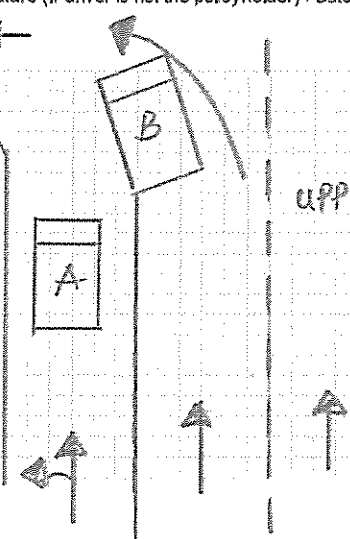
Vehicle Registration Number	SJX7963E
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HSU ZHIQIANG SAMEON
Contact Number	(Phone) +65-97990711
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

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' 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.

 Policyholder's Signature / Date & Time _____	x  0241586 J. Driver's Signature (If driver is not the policyholder) / Date & Time _____	20 DEC 2022  Witnessed by Reporting Centre Personnel _____
Sketch Plan HOUGANG ST 31 <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p>A: SHC6955U</p> <p>B: STX 7963E</p> </div> <div style="width: 40%; text-align: center;">  </div> <div style="width: 25%; text-align: right;"> <p>UPP SERANGOON ROAD</p> </div> </div>		

Refer to attach

We declare the foregoing particulars are true in every respect.

Senior Vice President

0241586 T.

20 DEC 2020

Describe Circumstance of the Accident.

ON 25/12/2020 @ 17:45HRS, I WAS DRIVING MY TAXI (SHC 6955 U) TRAVELLING ALONG UPPER SERANGOON ROAD BEFORE HOUGANG ST 31 – ON THE LEFT LANE.

WHILE I WAS MOVING STRAIGHT AHEAD – SUDDENLY VEHICLE B (**SJX 7963 E – HYUNDAI**) WHICH WAS INITIALLY IN THE MIDDLE LANE, FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO OBEY ROAD SIGNAGE – HAD CUTS & ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY BEFORE MAKING HIS ILLEGAL LEFT TURN INTO HOUGANG ST 31.

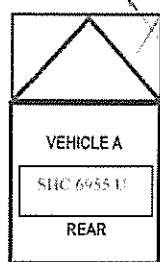
AS SUCH, THE LEFT PORTION OF VEHICLE B COLLIDED ONTO THE RIGHT FRONT OF MY TAXI.

WHEN INSPECTED, MY TAXI HAD DAMAGES ON THE RIGHT FRONT PORTION & VEHICLE B HAD DAMAGES ON THE LEFT REAR PORTION.

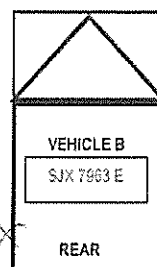
NO INJURY INVOLVED.
NO AMBULANCE AT SCENE.
NO PASSENGERS ONBOARD MY TAXI.
VEHICLE B HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED.


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 0741586J



Driver's Signature & NRIC Number
Monday, December 28, 2020 @ 11:39:42 AM

(attended by )

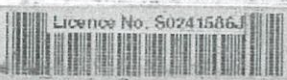
PREMIER AXIS	HIRER / RELIEF / 3 SUPER RELIEF
VEHICLE NO.	SHIC 69554
CONTACT NO.	9050 8700
HOME / MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE DRIVING LICENCE	
	Licence Number: S0241586J Name: LIM SIEW ANN Birth Date: 02 Oct 1952 Issue Date: 04 Jul 2003
	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0241586J		
	Name: LIM SIEW ANN 林秋安 Race: CHINESE Date of birth: 02-10-1952 Sex: M Country/Place of birth: SINGAPORE	
	S0241586J	

Land Transport Authority	
	VOCATIONAL LICENCE Licence No: S0241586J Name: LIM SIEW ANN Issue Date: 21/1/2015 Please visit www.lta.gov.sg to check the status of this vocational licence
	

6540336	
	NRIC No. S0241586J
	Date of issue: 09-11-2020
Address: APT BLK 215A COMPASSVALE DRIVE #04-506 SINGAPORE 541215	

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)	
Class J	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg
PASS DATE	12 Jun 2019
S / No. 9000290847	
	Licence No. S0241586J
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, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	24/02/1993
03	BUS VL	22/04/1992





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

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road # 16-00 Springleaf Tower
SINGAPORE 079909

DATE 15-Jan-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6955 U			\$ 1,750.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,750.00
GST @ 7%				\$ 122.50
GRAND TOTAL				\$ 1,872.50



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:	30 Oct 2015 / 08:34:19	Receipt No.:	AACCK001-AX239-151030-000008
Asset Type:	Vehicle	Transaction Amount:	\$69,044.00
Asset ID:	SHC6955U	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151030083419885241		

Vehicle No.:	SHC6955U
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:	30 Oct 2015
Original Registration Date:	30 Oct 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5639453
Engine No.:	D4FDEH313420
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:	\$22,475.00
Minimum PARF Benefit:	\$14,079.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	30 Oct 2015 08:34:19
COE No.:	2015103001003844D
COE Expiry Date:	29 Oct 2023
COE Bid Category:	
Actual QP/PQP Paid Amount:	\$45,439.00
Lifespan Expiry Date:	29 Oct 2023

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 : 5107202885-01-000961

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHC6955U**
Chassis Number : KNAGM414MF5639453
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	: 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



12 January 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Lim Siew Ann of NRIC Number S0241586J is a registered driver of SHC6955U. Lim Siew Ann is paying a discounted daily rental rate of \$70.62 (Inclusive of GST) on 25 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 "Chin Bee Lian".



Chin Bee Lian (Ms)

Assistant Vice President

Taxis Administration

Prepared by: Hasnah

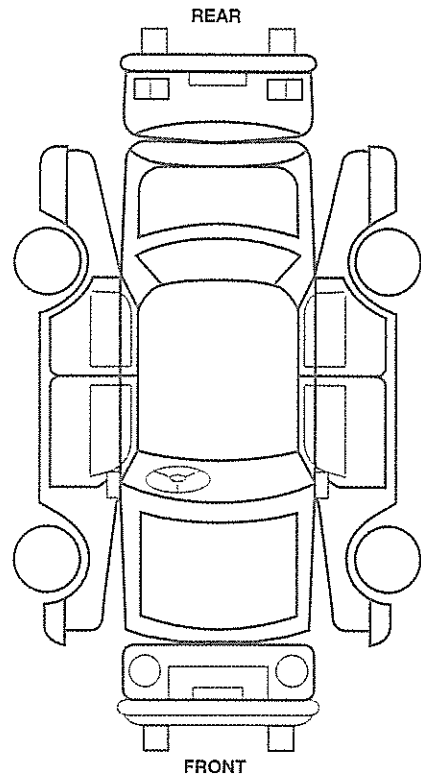
PREMIER TAXIS PTE LTD
23 Changi South Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 0330
www.premiertaxi.com.sg
Co. Reg. No. 200304975H

CHECK IN / OUT VOUCHER

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

DRIVER'S NAME <u>Lim Siew Ann</u>			
NRIC <u>S 0241586 J</u>		HANDPHONE <u>90508700</u>	
TAXI REGN NO. <u>S H C 6955U</u>		MAKE / MODEL <u>K02</u>	
DATE IN <u>28/220</u>	TIME IN <u>1125</u>	DATE OUT <u>31/220</u>	TIME OUT <u>1345</u>
KILOMETRES IN <u>340114</u>	FUEL IN <u>E 1/4 1/2 3/4 F</u>	KILOMETRES OUT	FUEL OUT

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	
<div style="display: flex; justify-content: space-around;"> YES NO </div>		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

DRIVER'S NAME	<u>[Signature]</u>
DRIVER'S SIGNATURE / DATE / TIME	<u>[Signature]</u>

DRIVER'S NAME	<u>[Signature]</u>
DRIVER'S SIGNATURE / DATE / TIME	<u>[Signature]</u>

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

SERVICE / REPAIRS DONE	DRIVER'S REMARKS
<div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> SERVICING <input type="checkbox"/> T / BELT <input 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> <div style="flex: 1;"> <input type="checkbox"/> OTHERS: <input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <div style="text-align: center;">D O M M Y Y H H M M</div> <p style="font-size: 2em; margin-top: 20px;">TPIW</p> </div> </div>	


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SJX7963E

Date of Accident

25/12/2020 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **China Taiping Insurance**Period of Insurance **01/08/2020 - 31/07/2021**Requested By **GOH WEE DEK (PREMIER AUTO...**Requested Date **28/12/2020 12:00****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**