

# 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: **SHB8065E/SR**

**WITHOUT PREJUDICE**

26 March 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 SHB8065E AND SLV197H ALONG TAN TOCK SENG HOSPITAL TAXI STAND / DROP OFF POINT ON 08/02/2021**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHB8065E**, 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: **SLV197H** at the material time of the accident with the driver of our client's vehicle, **Mr. Lee Heng Ang**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SLV197H**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (Incl. GST)	\$ 706.20
(2) Loss of Rental – 2 Days @\$65.97 per day	\$ 131.94
(3) Loss of Income – 2 Days @\$100.00 per day	\$ 200.00
(4) GIA Search	\$ 2.00
	<b><u>\$1,040.14</u></b>

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

- (1) GIA report & sketch plan of **SHB8065E**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certificate Letter
- (4) Check In/Out Voucher
- (5) GIA search

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SINGAPORE 486443

TEL:65446671 FAX:62141511

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Our Ref: SHB8065E/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	08/02/2021 14:27 (SGT)
Date of Accident	08/02/2021 07:55 (SGT)
Exact Location of Accident	10 Sinaran Dr, Singapore 307506
Additional Location Information	TAN TOCK SENG HOSPITAL TAXI STAND/DROP OFF POINT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8065E
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	LEE HENG ANG
NRIC No	SXXXX142I
Date Of Birth	19/10/1953
Occupation	Outdoor



Date Of Driving Pass	05/04/1980
Driving experience	40 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90620317
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 450G #10-380
Address complement	TAMPINES ST 42
Postcode	527450
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

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	SLV197H
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHI KEAT SUNG
Contact Number	-
Address	-
Address complement	-

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

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	LEE HENG ANG - DRIVER OF VEH. A
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT
Injured person in which vehicle?	SHB8065E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**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.



*[Signature]*

2548142 I

08 FEB 2021

*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

*TAN TUCK SENG HOSPITAL*

*A: SHB8065E*

*B: SLV197H*

*TAXI STAND / DROP OFF PT*

*A*

*B*

Describe Circumstance of the Accident.

ON 08/02/2021 @ 07:55HRS, I WAS IN MY TAXI ( SHB 8065 E ) DRIVING ALONG THE TAXI STAND/DROP OFF POINT @ TAN TOCK SENG HOSPITAL.

WHILE MOVING OFF AHEAD, SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SLV 197 H – NISSAN QASHQAI ) WHICH WAS FROM MY RIGHT – HAD COLLIDED ONTO THE RIGHT FRONT OF MY TAXI WHILE HE WAS FILTERING ONTO MY PATH.

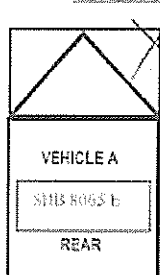
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT FRONT PORTION & VEHICLE B HAD DAMAGES ON THE LEFT REAR PORTION.

AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE AT SCENE.

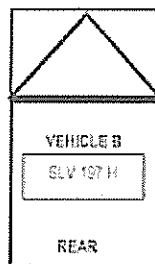
NO PASSENGERS ONBOARD MY TAXI & VEHICLE B HAD A PASSENGER ONBOARD.

\*SCENE PHOTOS CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B




PREMIER  
TAXI



THIRD PARTY  
VEHICLE

 2548142 I

Driver's Signature & NRIC Number  
Monday, February 08, 2021 @ 2:11:03 PM

(attended by )

**Describe Circumstances of the Accident**

Refer to attach.

## Declaration

**We declare the foregoing particulars are true in every respect.**



Policyholder's Signature / Date &  
Time

08 FEB 2021

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

Witnessed by Reporting Centre  
Personnel





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 24-Mar-2021  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8065 E			\$ 660.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 660.00
GST @ 7%				\$ 46.20
GRAND TOTAL				\$ 706.20



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:	13 Nov 2015 / 09:33:23	Receipt No.:	AACCK001-AX239-151113-000010
Asset Type:	Vehicle	Transaction Amount:	\$69,056.00
Asset ID:	SHB8065E	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151113093323021807		

Vehicle No.:	SHB8065E
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-

Vehicle Scheme:	Taxi (Company)
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First Registration Date:	13 Nov 2015
Original Registration Date:	13 Nov 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5642482
Engine No.:	D4DFH314189
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:	\$22,606.00
Minimum PARF Benefit:	\$14,189.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	13 Nov 2015 09:33:23
COE No.:	2015111301003566R
COE Expiry Date:	12 Nov 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$45,267.00
Lifespan Expiry Date:	12 Nov 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** : 5107202885-01-000062

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **SHB8065E**  
Chassis Number : KNAGM414MF5642482
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**



25 March 2021

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Seah Seow Hock of NRIC Number S0381582Z is a registered driver of SHB8065E. Seah Seow Hock is paying a discounted daily rental rate of \$65.97 (Inclusive of GST) on 08 Feb 2021.

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

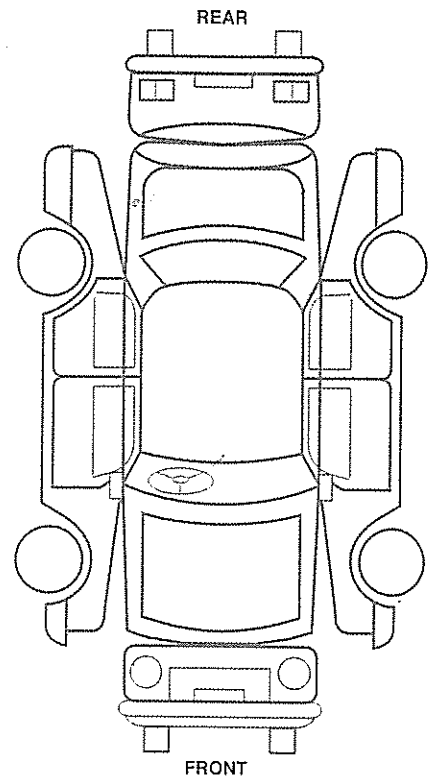
Prepared by: Hasnah

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](http://www.premiertaxi.com.sg)  
Co, Reg. No. 20030497511

**CHECK IN / OUT VOUCHER**

DRIVER'S NAME <u>Lee Heng Ang</u>	
NRIC <u>S25981421</u>	HANDPHONE <u>90620317</u>
VEH. REGN NO. <u>SHB 8065E</u>	MAKE / MODEL <u>KO2</u>
DATE IN <u>220221</u> TIME IN <u>1030</u>	DATE OUT <u>230221</u> TIME OUT <u>1400</u>
KILOMETRES IN <u>381026</u> FUEL IN <u>E 1/4 1/2 3/4 F</u>	KILOMETRES OUT _____ FUEL OUT <u>E 1/4 1/2 3/4 F</u>

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 |

CURRENT LOCATION	DATE / TIME TOWED IN TO WORKSHOP P M Y Y
	DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION P M Y Y

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
DRIVER'S SIGNATURE / DATE / TIME

DRIVER'S NAME
DRIVER'S SIGNATURE / DATE / TIME

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"/> 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	<p><u>TP/W</u></p>

## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

SLV197H

Date of Accident

08/02/2021 𠄎

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **AIG**Period of Insurance ..... **20/12/2020 - 19/12/2021**Requested By ..... **GOH WEE DEK (PREMIER AUTO...**Requested Date ..... **08/02/2021 14:43**

## 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**