

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: **SHD1265E/SR**

WITHOUT PREJUDICE

1 April 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 SHD1265E AND SMA2686Z ALONG CORPORATION ROAD – AFTER HU CHING ROAD ON 25/02/2021

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1265E**, 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: **SMA2686Z** at the material time of the accident with the driver of our client's vehicle, **Ms. Yin Soo Fung**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SMA2686Z**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (Incl. GST)	\$ 1,551.50
(2) Loss of Rental – 6 Days @\$57.41 per day	\$ 344.46
(3) Loss of Income – 6 Days @\$100.00 per day	\$ 600.00
(4) GIA Search	\$ 2.00
	<u>\$ 2,497.96</u>

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

- (1) GIA report & sketch plan of **SHD1265E**
- (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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Our Ref: SHD1265E/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	25/02/2021 14:00 (SGT)
Date of Accident	25/02/2021 08:10 (SGT)
Exact Location of Accident	Corporation Rd, Singapore
Additional Location Information	CORPORATION ROAD - AFTER HU CHING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1265E
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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	YIN SOO FUNG
NRIC No	SXXXX721E
Date Of Birth	20/04/1955
Occupation	Outdoor



Date Of Driving Pass	27/01/1976
Driving experience	45 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-91158690
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	59 UPAVON ROAD UNIT 4
Address complement	-
Postcode	507744
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?	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

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	SMA2686Z
Vehicle Manufacturer	Subaru
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	LIM SEOW YONG
NRIC No	SXXXX115G
Contact Number	(Phone) +65-96797224
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	YIN SOO FUNG - DRIVER OF VEH.A
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON.
Injured person in which vehicle?	SHD1265E
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.
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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] 25 FEB 2021

Policyholder's Signature / Date & Time

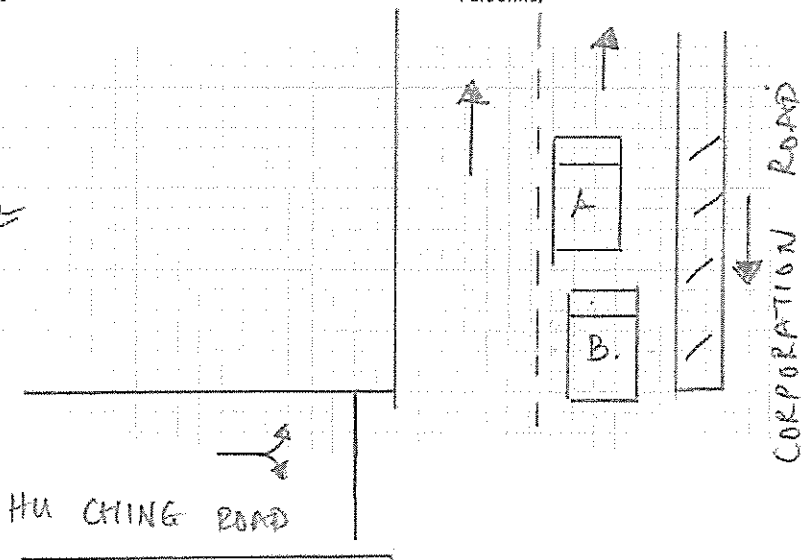
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SHD 1265E

B: SMA 2686Z



Describe Circumstances of the Accident

Refer to sketch.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

25 FEB 2021

[Signature]

Witnessed by Reporting Centre Personnel

Describe Circumstance of the Accident.

ON 25/02/2021 @ 08:10 HRS, I WAS DRIVING MY TAXI (SHD 1265 E) TRAVELLING ALONG CORPORATION ROAD – AFTER HU CHING ROAD, ON THE RIGHT LANE.

WHILE MOVING AHEAD, SUDDENLY I FELT AN IMPACT FROM THE REAR.

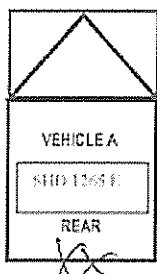
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SMA 2686Z – SUBARU/WHITE) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

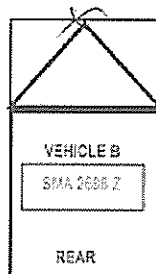
AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE AT SCENE.

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

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

[Signature] S1329721/E

Driver's Signature & NRIC Number

Thursday, February 25, 2021 @ 1:47:43 PM

(attended by *[Signature]*)



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

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

DATE 24-Mar-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30 REGN NO: SHD 1265 E			\$ 1,450.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,450.00
GST @ 7%				\$ 101.50
GRAND TOTAL				\$ 1,551.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Certificate 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.: SHD1265E
Previous Vehicle No.: -
Effective Date of Ownership: 14 Dec 2016
Original Regn Date: 14 Dec 2016
Registration Date: 14 Dec 2016
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.: TMAD281UVHJ117503
Engine No.: D4FBGZ088798
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: S20,105.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 13 Dec 2024
Minimum PARF Benefit: S7,588.00
No. of Transfers: 0
IU Label No.: 1050694166
COE No.: 2016121401003876D
COE Expiry Date: 13 Dec 2024
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: - / \$51,271.00
PQP Paid: S41,017.00
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 : 5107202885-01-001229

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1265E**
Chassis Number : TMAD281UVHJ117503
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



25 March 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Tan Boon Heng of NRIC Number S1486748A is a registered driver of SHD1265E. Tan Boon Heng is paying a discounted daily rental rate of \$57.41 (Inclusive of GST) on 25 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 read "Chiu Bee Lian", written over the printed name.

Chiu Bee Lian (Ms)

Assistant Vice President

Taxis Administration

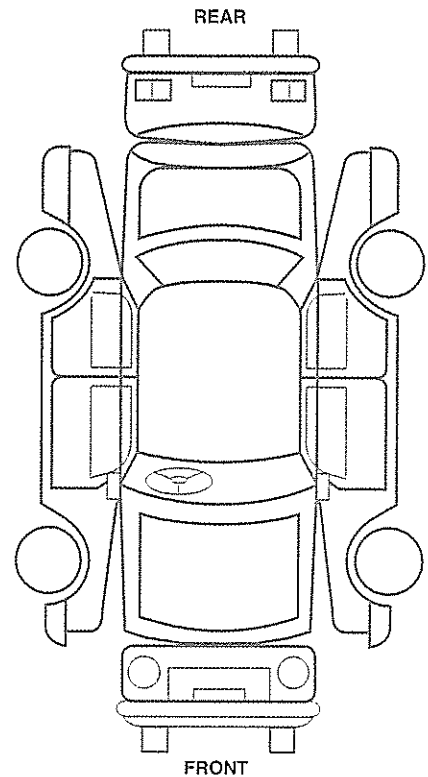
Prepared by: Hasnah

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>Tan Boon Heng</u>	
NRIC <u>S</u>	HANDPHONE <u>84812120</u>
VEH. REGN NO. <u>SHD/265E</u>	MAKE / MODEL <u>ISDA</u>
DATE IN <u>030321</u> TIME IN <u>1450</u>	DATE OUT <u>080321</u> TIME OUT <u>1530</u>
KILOMETRES IN _____ 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:



CURRENT LOCATION <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	DATE / TIME TOWED IN TO WORKSHOP DD MM YY HH MM DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION DD MM YY HH MM
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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

Tan Boon Heng
DRIVER'S NAME
RS to x
DRIVER'S SIGNATURE / DATE / TIME

CHECK OUT

Tan Boon Heng
DRIVER'S NAME
RS to x
DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

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 <u>270221 2130</u> <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	


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SMA2686Z

Date of Accident

25/02/2021 **Reset****% RESULT & RECEIPT****TP Insurer Enquiry**Insurance **AIG**Period of Insurance **30/05/2020 - 29/05/2021**Requested By **LIEW HAI LEONG (PREMIER AU...**Requested Date **25/02/2021 14:55****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**