

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: SHC6766Z/VC
Your Ref: YN3392D

WITHOUT PREJUDICE

2 June 2021

(By Email only)

Attn: **The Motor Claims Department**
AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#08-16
Singapore 079120

Dear Sir/Madam

ACCIDENT INVOLVING SHC6766Z AND YN3392D ALONG LORONG 2 TOA PAYOH ON 10.04.2021

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6766Z**, 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: **YN3392D** at the material time of the accident with the driver of our client's vehicle, **MR KOH SOO PUNG**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **YN3392D**, our client's vehicle was damaged and we have been put to loss and damage as follows:

1. Cost of Repair (Include GST)	\$	1230.50
2. Loss of Rental (4 days x \$67.76 per day)	\$	271.04
3. Loss of Income (4 days x \$100.00 per day)	\$	400.00
4. LTA search fee	\$	7.45
	\$	1908.99

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

- (1) GIA report, sketch plan of **SHC6766Z**
- (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) LTA Search Result

PREMIER AUTOMOTIVE SERVICES PTE LTD

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SINGAPORE 486443
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Our Ref: SHC6766Z/VC

Your Ref: YN3392D

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,



This is a computer generated letter and no signature is required.

Claims Department – Vincent Chua

Email: vincent.chua@premierauto.com.sg

DID: 65446689

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



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 3-Jun-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6766 Z			\$ 1,150.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,150.00
GST @ 7%				\$ 80.50
GRAND TOTAL				\$ 1,230.50



for Premier Automotive Services Pte Ltd

This is a computer generated invoice. No signature is required.

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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	12/04/2021 12:04 (SGT)
Date of Accident	10/04/2021 12:30 (SGT)
Exact Location of Accident	Lor 2 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6766Z
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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
Transmission	Auto
CC	1700

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5107202885-02
Cover Note Number	-

DRIVER

Name of Driver	KOH SOO PUNG
NRIC No	SXXXX222G

Date Of Birth	08/02/1950
Occupation	Outdoor
Date Of Driving Pass	07/12/1968
Driving experience	52 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90677377
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	52A HIGHLAND ROAD
Address complement	-
Postcode	549135
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

VEH. A - NO PAX
 VEH. B - 2-3 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	YN3392D
Vehicle Manufacturer	UDTrucks
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	MALE MALAY - C/O : INITIAL
Contact Number	(Phone) +65-63478138

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
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 reudiate 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.
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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.



12 APR 2021

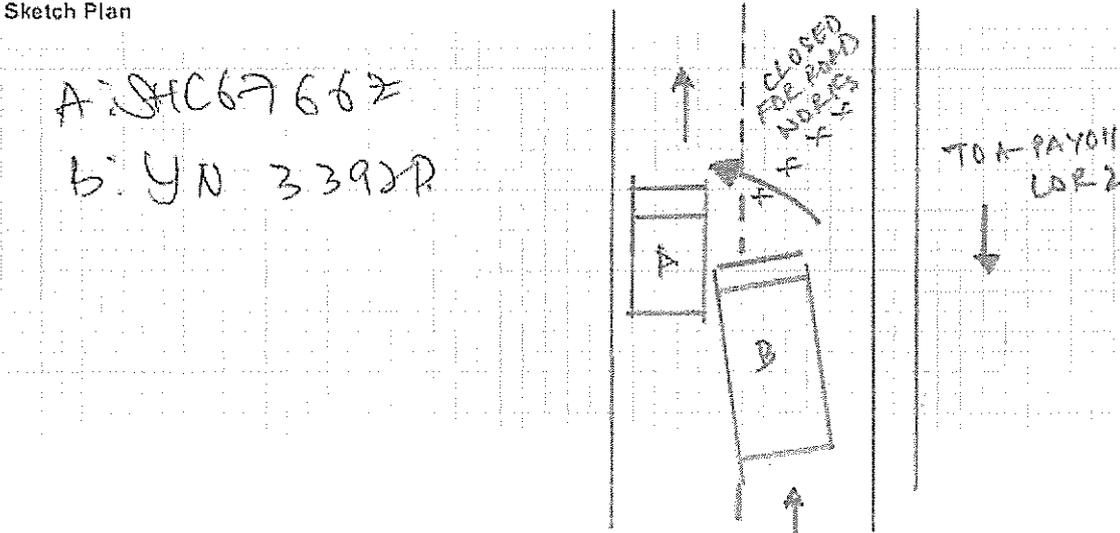
Collop 80201222/4

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident.

ON 10/04/2021 @ 12:30HRS, I WAS DRIVING MY TAXI (SHC 6766 Z) TRAVELLING ALONG TOA PAYOH LOR 2 – ON THE LEFT LANE.

PART OF THE RIGHT LANE WAS CLOSED – DUE TO SOME ROAD WORKS.

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

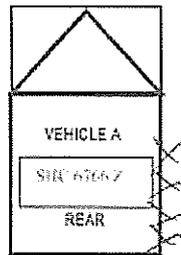
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (YN 3392 D – TRUCK) WHICH WAS FROM THE RIGHT LANE, HAD COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

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

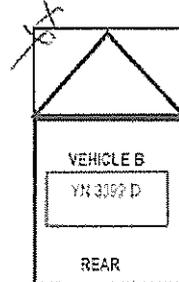
NO INJURY INVOLVED. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD MY TAXI & VEHICLE B HAD 2-3 PASSENGERS ONBOARD.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE

[Handwritten Signature] 20201222/4

Driver's Signature & NRIC Number
Monday, April 12, 2021 @ 11:54:09 AM

(attended by *[Handwritten Signature]*)

PREMIER TAXIS

HIRER / RELIEF / SUPER RELIEF

VEHICLE NO.	SHC67667
CONTACT NO.	90677377
NEW MAILING ADDRESS (if any)	

Licence Number: S0201222G
 Name: KOH SOO PUNG
 Birth Date: 08 Feb 1950
 Issue Date: 03 Apr 2018




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S0201222G



Name: KOH SOO PUNG
 許之榜
 Race: CHINESE
 Date of birth: 08-02-1950
 Sex: M
 Country/Place of birth: SINGAPORE




Land Transport Authority

VOCATIONAL LICENCE
 Licence No: S0201222G
 Name: KOH SOO PUNG
 Card Issue Date: 09/04/2018



Please visit www.lta.gov.sg to check the status of this vocational licence

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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	07 Dec 1968

5918987



NRIC No. S0201222G



Date of issue: 03-04-2018

Address: 52A HIGHLAND ROAD, SINGAPORE 549135

NP 428A



Licence No: S0201222G

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	17/05/2006



Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:	30 Apr 2015 / 09:15:32	Receipt No.:	AACCK001-AX239-150430-000004
Asset Type:	Vehicle	Transaction Amount:	\$64,849.00
Asset ID:	SHC6766Z	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150430091532029402		

Vehicle No.:	SHC6766Z
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 Apr 2015
Original Registration Date:	30 Apr 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5593421
Engine No.:	D4FDEH313366
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:	2014
Open Market Value:	\$21,451.00
Minimum PARF Benefit:	\$8,719.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	30 Apr 2015 09:15:32
COE No.:	2015043001002316N
COE Expiry Date:	29 Apr 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,177.00
Lifespan Expiry Date:	29 Apr 2023



07 May 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

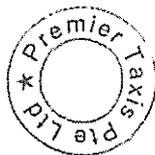
This letter serves to inform that Koh Soo Pung of NRIC Number S0201222G is a registered driver of SHC6766Z. Koh Soo Pung is paying a discounted daily rental rate of \$67.76 (Inclusive of GST) on 10 Apr 2021.

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

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to read "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. 20030497511

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 12 Apr 2021 / 12:18:27

Receipt Date/Time : 12 Apr 2021 / 12:18:27

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210412-001541

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - YN3392D

As at 10 Apr 2021/12:30:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1	Insurance Enquiry - YN3392D Enquiry Fee 20210412121735328492	7.00	0.49	7.49
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Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

462845XXXXXX8682 eNETS Credit Card 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



REPLACEMENT VEH GIVEN YES/NO

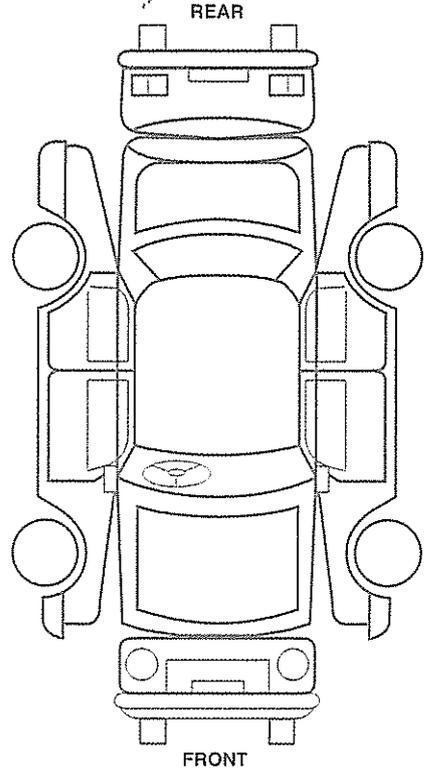
VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>Koh Soo Pung</u>											
NRIC <u>S 0 201 222 G</u>	HANDPHONE <u>90677377</u>										
VEH. REGN NO. <u>SA C 6766 Z</u>	MAKE / MODEL <u>KO2</u>										
DATE IN <u>120421</u> TIME IN <u>1115</u>	DATE OUT <u>150421</u> TIME OUT <u>1230</u>										
KILOMETRES IN _____ FUEL IN <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F	KILOMETRES OUT _____ FUEL OUT <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F
E	1/4	1/2	3/4	F							
E	1/4	1/2	3/4	F							

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 D O M M Y Y H H M M
	DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION D O 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

Koh Soo Pung x

DRIVER'S NAME

x

DRIVER'S SIGNATURE / DATE / TIME

Koh SP 12/4/21

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

Koh Soo Pung x

DRIVER'S NAME

Koh SP x

DRIVER'S SIGNATURE / DATE / TIME

[Signature]

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>Camera on</u></p> <p><u>TRW</u></p>