

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: **SHC6495E/SR**

WITHOUT PREJUDICE

21 June 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 SHC6495E AND SMX7687S ALONG 736 GEYLANG RD ON 13/05/2021

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6495E**, 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: **SMX7687S** at the material time of the accident with the driver of our client's vehicle, **Mr. Teo Sock Hwa**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SMX7687S**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (Incl. GST)	\$ 1,123.50
(2) Loss of Rental – 6 Days @\$67.76 per day	\$ 406.56
(3) Loss of Income – 6 Days @\$100.00 per day	\$ 600.00
(4) GIA Search	\$ 2.00
	<u>\$ 2,132.06</u>

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

- (1) GIA report & sketch plan of **SHC6495E**
- (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: SHC6495E/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	14/05/2021 16:37 (SGT)
Date of Accident	13/05/2021 19:17 (SGT)
Exact Location of Accident	Near 736 Geylang Rd, Singapore 389647
Additional Location Information	Along Geylang/Paya Lebar/Gulliemard Road - traffic light junction
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC6495E

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) +65-98532557
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	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1599

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	TEO SOCK HWA
NRIC No	SXXXX811Z

Date Of Birth	14/02/1961
Occupation	Outdoor
Date Of Driving Pass	04/07/1983
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98532557
Alt. Phone Number	-
Email Address	claims@premiertaxi.com
Address	BLK 79 DAWSON ROAD, #22-63
Address complement	-
Postcode	141079
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 - 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MALE CHINESE
Gender	Male

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 the attached statement

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	SMX7687S
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Outlander
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	MALE CHINESE
Contact Number	-
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

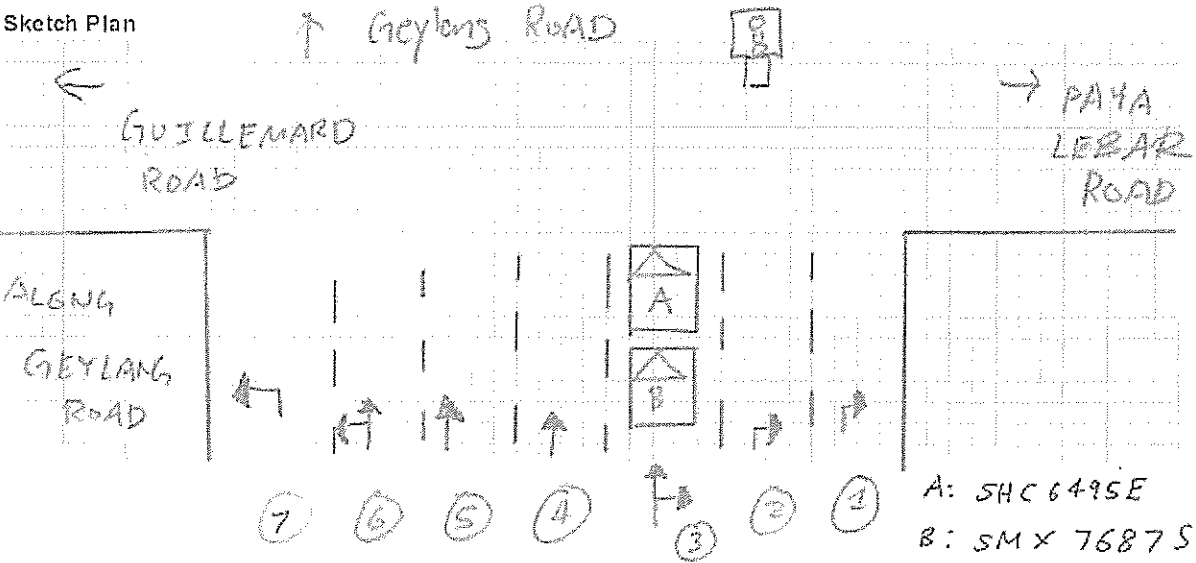
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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. 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.
3. **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 _____
 Driver's Signature (if driver is not the policyholder) / Date & Time _____
 Witnessed by Reporting Centre Personnel _____ on 14/05/2021



Describe Circumstance of the Accident.

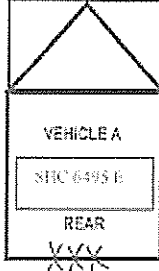
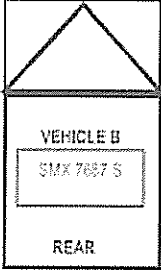

ON 13/05/2021 @ 19:17 HRS, I WAS DRIVING MY TAXI (SHC 6495 E – KIA OPTIMA/SILVERCAB) TRAVELLING ALONG GEYLANG ROAD/PAYA LEBAR ROAD – TRAFFIC LIGHT JUNCTION, IN LANE 3, WITH ONE MALE CHINESE PASSENGER ONBOARD.

TRAFFIC LIGHT WAS GREEN AND I WAS ABOUT TO MOVE OFF TO TURN RIGHT TOWARDS PAYA LEBAR ROAD. WHILE STATIONARY, I SUDDENLY FELT AN IMPACT FROM THE REAR. I THEN REALIZED THAT VEHICLE B (SMX 7687 S – MITSUBISHI OUTLANDER) TRAVELLING BEHIND ME, LANE 3, HAD FAILED TO KEEP A PROPER LOOKOUT, HITTING ONTO MY TAXI'S REAR PORTION.

DUE TO THE IMPACT, MY TAXI SUSTAINED DAMAGES ON THE REAR PORTION. I WAS UNAWARE OF ANY DAMAGES TO VEHICLE B.

NO INJURY INVOLVED.
NO PASSENGERS ONBOARD VEHICLE B.

NO AMBULANCE AT SCENE.

<p>* VIDEO FOOTAGE CAPTURED</p>	<p><u>DAMAGES FOUND ON VEHICLE A & VEHICLE B</u></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>VEHICLE A SHC 6495 E REAR XXX</p> <p>PREMIER TAXI</p> </div> <div style="text-align: center;">  <p>VEHICLE B SMX 7687 S REAR</p> <p>THIRD PARTY VEHICLE</p> </div> </div> <p style="text-align: center; margin-top: 20px;">  S1514811/z X </p> <p style="text-align: center;"> <i>Driver's Signature & NRIC Number</i> <i>Friday, May 14, 2021 @ 2:53:50 PM</i> </p> <p style="text-align: right; font-size: small;">(attended by)</p>
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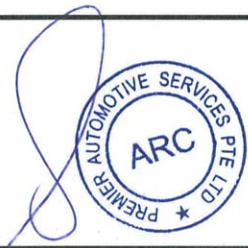
PREMIER AUTOMOTIVE SERVICES PTE LTD
OFFICE: 23 Changi South Avenue 2 #01-02 S(486443)
TEL: 65436676 / 65436689 FAX: 62141511
CO. REG NO.: 200707743D GST. REG. NO.: 200707743D

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way #08-16
Singapore 079120

TAX INVOICE

DATE 15-Jun-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC6495E			\$ 1,050.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,050.00
GST @ 7%				\$ 73.50
GRAND TOTAL				\$ 1,123.50



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:	08 Jul 2015 / 08:00:57	Receipt No.:	AACCK001-AX239-150708-000001
Asset Type:	Vehicle	Transaction Amount:	\$75,176.00
Asset ID:	SHC6495E	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150708080057248232		
Vehicle No.:	SHC6495E		
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:	08 Jul 2015		
Original Registration Date:	08 Jul 2015		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5593720		
Engine No.:	D4FDEH313565		
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:	\$13,219.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	08 Jul 2015 08:00:57		
COE No.:	2015070801002828E		
COE Expiry Date:	07 Jul 2023		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$53,004.00		
Lifespan Expiry Date:	07 Jul 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 : 51.07202885-02-000528 **Cover** : Third Party

- | | | |
|--|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : | SHC6495E |
| Chassis Number | : | KNAGM414MF5593720 |
| 2. Name of Policyholder | : | PREMIER TAXIS PTE. LTD., |
| 3. Effective Date of Insurance | : | 01 Apr 2021 |
| 4. Expiry Date of Insurance | : | 31 Mar 2022 |

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 : 01 Apr 2021 14:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



17 June 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Teo Sock Hwa of NRIC Number S1514811Z is a registered driver of SHC6495E. Teo Sock Hwa is paying a discounted daily rental rate of \$67.76 (Inclusive of GST) on 13 May 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

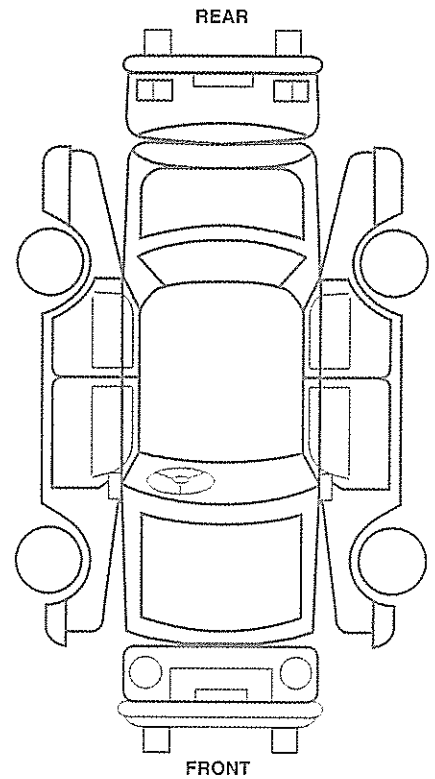
Prepared by: Hasnah

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

CHECK IN / OUT VOUCHER

DRIVER'S NAME Teo Sock HWA (CHIRER)	
NRIC S _____	HANDPHONE 98532557
VEH. REGN NO. SHC 6495E	MAKE / MODEL KO2
DATE IN 14/05/21 TIME IN 1410	DATE OUT 19/05/21 TIME OUT 1315
KILOMETRES IN 678.136 FUEL IN <input type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F	KILOMETRES OUT _____ FUEL OUT <input type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 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

Teo Sock Hwa x

DRIVER'S NAME

14/05/21 x

DRIVER'S SIGNATURE / DATE / TIME

[Signature]

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

[Signature]

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

<p>SERVICE / REPAIRS DONE</p> <p><input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS:</p> <p><input type="checkbox"/> T / BELT</p> <p><input type="checkbox"/> AIRCON SYSTEM / ACCIDENT: DATE / TIME of ACCIDENT:</p> <p><input type="checkbox"/> TURBO 130521 1917</p> <p><input type="checkbox"/> BRAKE SYSTEM</p> <p><input type="checkbox"/> CLUTCH SYSTEM</p> <p><input type="checkbox"/> BULB</p> <p><input type="checkbox"/> UNDER CARRIAGE TP/U</p> <p><input type="checkbox"/> CPF</p> <p><input type="checkbox"/> BATTERY</p>	<p>DRIVER'S REMARKS</p>
--	-------------------------


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SMX7687S

Date of Accident

13/05/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **28/01/2021 - 27/01/2023**Requested By **VINCENT CHUA WEE AN (PREM...**Requested Date **14/05/2021 15:30****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**