

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: **SHD1405T/SR**

WITHOUT PREJUDICE

25 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 SHD1405T AND GBE3696Y ALONG YIO CHE KANG ROAD ON 09/06/2021

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1405T**, 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: **GBE3696Y** at the material time of the accident with the driver of our client's vehicle, **Mr. Goh Peng Kee**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **GBE3696Y**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (Incl. GST)	\$ 1,284.00
(2) Loss of Rental – 6 Days @\$37.41 per day	\$ 224.46
(3) GIA Search	\$ 2.00
	<u>\$ 1,510.46</u>

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

- (1) GIA report & sketch plan of **SHD1405T**
- (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: SHD1405T/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	09/06/2021 14:11 (SGT)
Date of Accident	09/06/2021 10:20 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD1405T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	2XXXXXX975H
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
Transmission	Auto
CC	1600

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	LAM KAH THONG (LIN JIATANG)
NRIC No	SXXXX468B

Date Of Birth	02/02/1972
Occupation	Outdoor
Date Of Driving Pass	15/11/2018
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82024508
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 68 #10-3203
Address complement	GEYLANG BAHRU
Postcode	330068
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX IN THE REAR SEAT - INDIAN
Gender	Male

PASSENGER 2

Name	PAX IN THE REAR SEAT - INDIAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

VEH. A - 2 PAX
 VEH. B - UNKNOWN PAX ONBOARD

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	GBE3696Y
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	ZAKARIAH BIN WAHAB
NRIC No	SXXXX330C
Contact Number	(Phone) +65-88624610
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LAM KAH THONG (DRIVER OF VEH. A)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT SOME DISCOMFORT, WENT TO CLINIC FOR TREATMENT & HAD 5 DAYS MC
Injured person in which vehicle?	SHD1405T
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.

6. 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.



Handwritten signature of the driver

09 JUN 2021
S72504687B

Handwritten signature of the reporting centre personnel

Policyholder's Signature / Date & Time

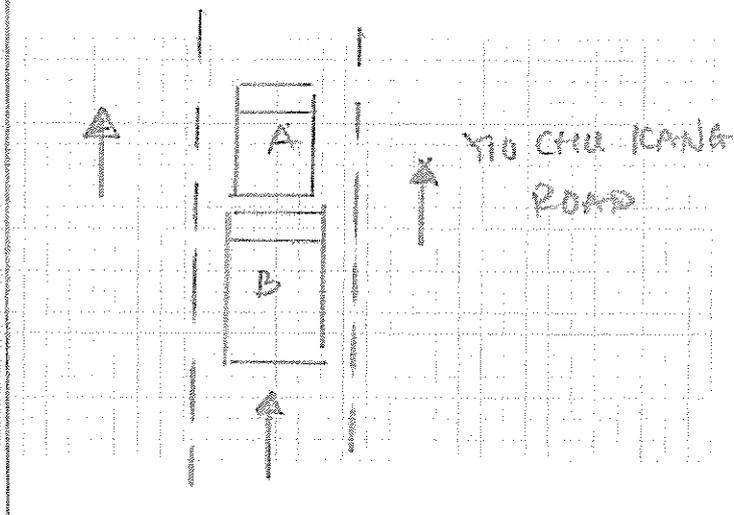
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SHD 1405T

B: GBE 3696Y





**SINGAPORE
POLICE FORCE**



T/20210609/2030

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3
Report No T/20210609/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2021 12:59	Video Report No.:	Station Diary No.: 9
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Informant's Particulars			
Name of Informant: LAM KAH THONG		Address: APT BLK 68 GEYLANG BAHRU #10-3203 SINGAPORE 330068	
ID Type / ID No.: NRIC NO / S7250468B		Contact No.:	Mobile: 82024503
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 02/02/1972	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2021 10:20	Type of Location: Straight Road
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE3696Y	Car	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5		Slightly Damaged	0
SHD1405T	Car	HYUNDAI	I30 GDH 1.6 TCI 5DR DCT		Slightly Damaged	2

Describe Circumstances of the Accident

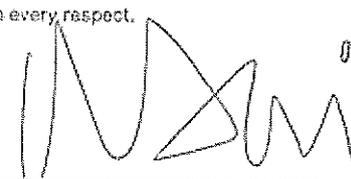
Refer to attached police report

Declaration

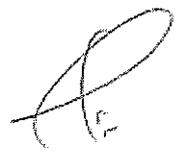
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

x  09 JUN 2021

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



Witnessed by Reporting Centre Personnel



SINGAPORE
POLICE FORCE



T/20210509/2030

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20210609/2030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZAKARIAH BIN WAHAB	ID No.	S1578330C
Related Vehicle	GBE3696Y (Car)	Contact No.	88624610
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LAM KAH THONG	ID No.	S7250468B
Related Vehicle	SHD1405T (Car)	Contact No.	82024508
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and place while I was travelling on Yio Chu Kang Road towards Fernvale Link, as the traffic light turned red I gradually down and came to a complete stop, suddenly a vehicle(GBE3696Y) came from the rear and collided onto my vehicle(SHD1405T) rear bumper.

We then got out of our vehicle and exchanged our particular. After the traffic accident I suffered strain pain on my neck and back, I went to visit the doctor and was given 5 days MC.

I am lodging this report for record purposes and as requested by my Taxi Company (Premier).



SINGAPORE
POLICE FORCE



T/20210609/2030

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No T/20210609/2030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 1 CHEW JUN JIE JAYSON
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185

Signature Of Informant:
Date/Time: 09/06/2021 12:59
Classification Of Case:

Authentication Stamp
HP168



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 23-Jun-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30 REGN NO: SHD1405T			\$ 1,200.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,200.00
GST @ 7%				\$ 84.00
GRAND TOTAL				\$ 1,284.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert 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.: SHD1405T
 Previous Vehicle No.: -
 Effective Date of Ownership: 04 Oct 2017
 Original Regn Date: 04 Oct 2017
 Registration Date: 04 Oct 2017
 Year of Manufacture: 2017
 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.: TMAD281UVHJ141901
 Engine No.: D4FBHZ172593
 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: \$19,970.00
 PARF Eligibility: Yes
 PARF Eligibility Expiry Date: 03 Oct 2025
 Minimum PARF Benefit: \$7,482.00
 No. of Transfers: 0
 IU Label No.: 1050710053
 COE No.: 2017100401003697N
 COE Expiry Date: 03 Oct 2025
 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: - / \$42,564.00
 PQP Paid: \$34,052.00
 QP (Regn Cat): -
 OPC Cash Rebate Eligibility: No



23 June 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Lam Kah Thong (Lin Jiatang) of NRIC Number S7250468B is a registered driver of SHD1405T. Lam Kah Thong (Lin Jiatang) is paying a discounted daily rental rate of \$37.41 (Inclusive of GST) on 09 Jun 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
Co. Reg. No. 200304975H



CHECK IN / OUT VOUCHER

REPLACEMENT VEH GIVEN YES / NO

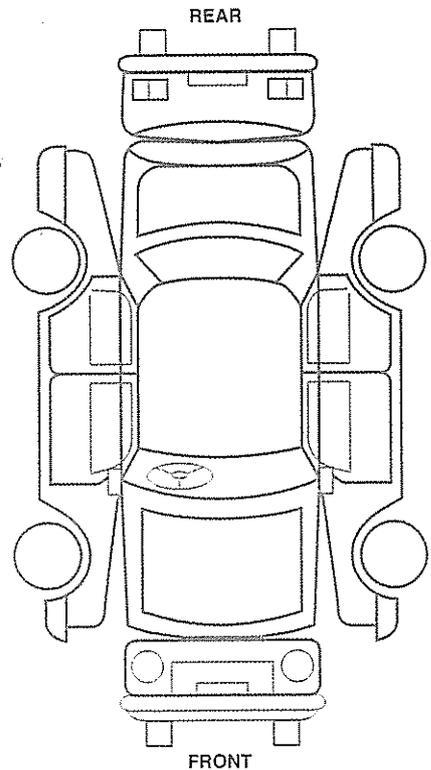
VEH NO. _____

JOB NO. _____

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DRIVER'S NAME <u>Lam Kah Thong</u>			
NRIC s <u>XHX468B</u>	HANDPHONE <u>82024508</u>		
VEH. REGN NO. <u>SHD 1H0BT</u>	MAKE / MODEL <u>130A</u>		
DATE IN <u>090021</u>	TIME IN <u>1345</u>	DATE OUT <u>140621</u>	TIME OUT <u>1120</u>
KILOMETRES IN	FUEL IN	KILOMETRES OUT	FUEL OUT
	E 1/4 1/2 3/4 F		E 1/4 1/2 3/4 F

INDICATE AREA OF DAMAGE HERE:



CURRENT LOCATION

DATE / TIME TOWED IN TO WORKSHOP
 D O M Y H M A.
 DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION
 D O M Y H M A.

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

[Signature]

DRIVER'S SIGNATURE / DATE / TIME

DRIVER'S NAME

[Signature]

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 |

<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 <input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</p> <p><input type="checkbox"/> TURBO</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</p> <p><input type="checkbox"/> CPF</p> <p><input type="checkbox"/> BATTERY</p> <p style="text-align: right; font-size: 2em;"><u>TPW</u></p>	<p>DRIVER'S REMARKS</p>
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INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

GBE3696Y

Date of Accident

09/06/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **17/11/2020 - 16/11/2021**Requested By **GOH WEE DEK (PREMIER AUTO...**Requested Date **09/06/2021 14:27****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**