

# 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: SHB8900UVC

**WITHOUT PREJUDICE**

5 August 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 SHB8900U & SGP7593S ALONG SLE ON 27.06.21**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHB8900U**, 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: **SGP7593S** at the material time of the accident with the driver of our client's vehicle, **Mr. Teo Hock Lye**

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SGP7593S**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (Incl. GST)	\$ 1,354.32
(2) Loss of Rental – 10 Days @\$42.97 per day	\$ 429.70
(3) GIA Search	\$ 2.00
	<b><u>\$ 1,786.02</u></b>

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

- (1) GIA report, Police report & sketch plan of **SHB8900U**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certificate Letter
- (4) Check In/Out Voucher
- (5) GIA search

# **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: **SHB8900U/VC**

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 – Vincent Chua**

Email: [vincent.chua@premierauto.com.sg](mailto: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

This is a computer-generated letter. No signature is required.



04 August 2021

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

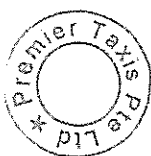
This letter serves to inform that Teo Hock Lye of NRIC Number S7008665D is a registered driver of SHB8900U. Teo Hock Lye is paying a discounted daily rental rate of \$42.97 (Inclusive of GST) on 27 Jun 2021.

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](http://www.premiertaxi.com.sg)  
Co. Reg. No. 200304975H



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 5-Aug-2021  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI IONIQ REGN NO: SHB 8900 U			\$ 1,265.72
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,265.72
GST @ 7%				\$ 88.60
GRAND TOTAL				\$ 1,354.32



for Premier Automotive Services Pte Ltd

(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	28/06/2021 14:04 (SGT)
Date of Accident	27/06/2021 11:45 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	SLE - CTE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8900U
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	Ioniq
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	TEO HOCK LYE
NRIC No	SXXXX665D

Date Of Birth	20/03/1970
Occupation	Outdoor
Date Of Driving Pass	02/02/2002
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88336631
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 354 #06-333
Address complement	BT BATOK ST 31
Postcode	650354
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	Wet

#### 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 vehicle 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?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACH POLICE REPORT

VEH. A - 1 PAX  
VEH. B - NO 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	SGP7593S
Vehicle Manufacturer	Honda
Vehicle Model	Stream
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	MR NOR
Contact Number	(Phone) +65-81274597
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	TEO HOCK LYE - DRIVER OF VEH. A
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT DISCOMFORT, WENT TO CLINIC FOR MEDICAL TREATMENT & GRANTED 3 DAYS MC
Injured person in which vehicle?	SHB8900U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**IMPORTANT NOTICE**

- I understand, acknowledge, agree and consent that :

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

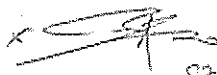
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



87-8665D

28 JUN 2021



Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

**Sketch Plan**

A: SHB89004  
B: SGP75935

(G) SLE - CTE

X A B

+ + +

ROAD WORKS.

(1)

(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

*[Signature]*

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

37008665D

28/06/2021

28 JUN 2021

*[Signature]*

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210627/2070

1 of 3

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

Report No. T/20210627/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/06/2021 21:30		Vide Report No.:		Station Diary No.: 39
<b>Informant's Particulars</b>				
Name of Informant: TEO HOCK LYE		Address: APT BLK 354 BUKIT BATOK STREET 31 #06-333 SINGAPORE 650354		
ID Type / ID No.: NRIC NO / S7008665D		Contact No.: Home/Office: Mobile: 88336631		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 51	Date of Birth: 20/03/1970	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/06/2021 11:45	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Lamp Post Number: 434				
Weather: Cloudy		Road Surface: Slightly Wet		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SGP7593S	Car				Slightly Damaged	0
SHB8900U	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210627/2070

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

2 of 3

Report No. T/20210627/2070

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TEO HOCK LYE		ID No. S7C09865D
Related Vehicle	SHB8900U (Car)		Contact No. 88336631
Hospital/Clinic	OneCare Clinic Bukit Gombak MRT		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	27/06/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	NOR		ID No. NIL
Related Vehicle	NIL		Contact No. 81274597
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

**Brief Details.**

On the 27/06/2021 at about 1145hrs. I am the driver of SHB8900U, I was travelling on SLE towards CTE by Lane 2 near to Lamp Post 434. The vehicle in front of my vehicle did a break, I followed as well. However, Mr Nor (Contact No.: 81274597) his vehicle is SGP7593S did not break in time. Hence, the Head of SGP7593S collided into my vehicle (SHB8900U)'s rear bumper. Subsequently, both of us came down of our respective vehicle and took photo of the damages and exchanged contact and before he took his leave.

After the incident, I went to the clinic OneCare Clinic located at Bukit Gombak MRT and I was given 3 days of MC. I would like to state that no police or ambulance was at scene.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999



T/20210627/2070

3 of 3

Report No. T/20210627/2070

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:

J /  
SCSGT(1) LEE GUO WEI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / AEIT /  
SI TAN JEOK LENG  
Contact No: 65476151

Authentication Stamp  
NP165

SIGNATURE

Signature Of Informant:

27/06/2021

Date/Time:  
27/06/2021 21:30

Classification Of Case:

## Vehicle Registration Details

Vehicle No. <b>SHB8900U</b>	Make/ Model <b>HYUNDAI/AE IONIQ HEV FL 1.6 DCT</b>	Vehicle Scheme <b>Taxi (Company)</b>
Current Propellant <b>Petrol-Electric</b>	Chassis No. <b>KMHC851CVLU211786</b>	Vehicle Type <b>Public Transport Taxi (Motor Car)</b>

### Owner's Details

Owner Name:

**PREMIER TAXIS PTE. LTD.**

Owner ID Type:

**Company**

NRIC/Passport/Company Cert No.:

**200304975H**

Registered Address

**23 CHANGI SOUTH AVENUE 2 #04-03  
SINGAPORE 486443**

Mailing Address:

-

Birth Date

-

### Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

**31 Aug 2020**

Original Registration Date:

**31 Aug 2020**

Registration Date:

**31 Aug 2020**

No. of Transfers:

**0**

IU Label No.:

**1050537126**

### Vehicle Specifications

Engine No.:

**G4LELU496187**

Chassis No.:

**KMHC851CVLU211786**

Year of Manufacture:

**2020**

Motor No.:

**PM04L1E218DJ**

## 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** : 5107202885-02-000209

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **SHB8900U**  
Chassis Number : KMHC851CVLU211786
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	: DBS BANK LTD
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**

## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

SGP7593S

Date of Accident

27/06/2021 𠄎

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **AIG Asia Pacific Insurance Pte....**Period of Insurance ..... **26/12/2020 - 25/12/2021**Requested By ..... **GOH WEE DEK (PREMIER AUTO...**Requested Date ..... **28/06/2021 14:11**

## Payment details

Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2**

## General Insurance Association

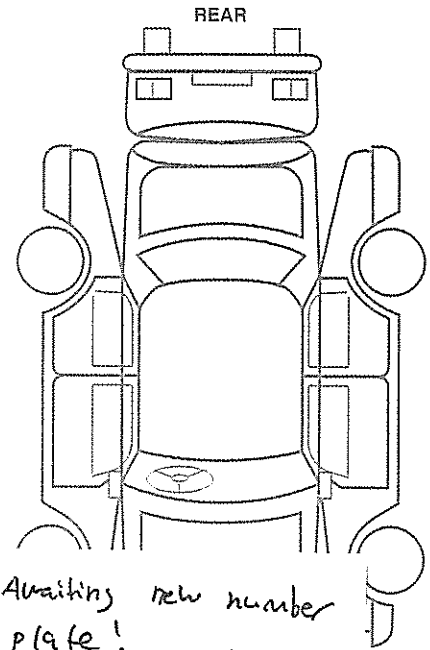
Records Management Centre

GST Registration No: **M400017735**

**CHECK IN / OUT VOUCHER**

DRIVER'S NAME <b>TEO HOCK LYE</b>											
NRIC <b>S 7008665D</b>	HANDPHONE <b>88336631</b>										
VEH. REGN NO. <b>SHB 8900U</b>	MAKE / MODEL <b>IONIQ</b>										
DATE IN <b>280621</b> TIME IN <b>1330</b>	DATE OUT <b>070721</b> TIME OUT <b>1145</b>										
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:



CURRENT LOCATION	DATE / TIME TOWED IN TO WORKSHOP _____
	DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION _____

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 HOCK LYE**  
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)

- 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 <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	<p><b>2-40621</b> <b>TAW</b></p>