

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02  
SINGAPORE 486443  
TEL: 65446689 FAX: 62141511  
CO. REG: 200707743D GST REG: 200707743D

Our Ref: SHC6381A/SR

**WITHOUT PREJUDICE**

21 September 2021

**(By Email)**

Attn: **The Motor Claims Department**

India International Insurance Pte Ltd  
64 Cecil Street #04/#05  
IOB Building  
Singapore 049711

Dear Sir/Madam

## **ACCIDENT INVOLVING SHC6381A AND SLS2506C ALONG BEDOK CENTRAL // BEDOK NORTH AVE 3 ON 16/07/2021**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6381A**, 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: **SLS2506C** at the material time of the accident with the driver of our client's vehicle, **Mr. Yen Sen Fatt**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SLS2506C**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$1,070.00
(2) Loss of Rental – 2 Days @\$60.99 per day	\$ 121.98
(3) Loss of Income – 2 Days @\$100.00 per day	\$ 200.00
(4) LTA Search	<u>\$ 7.45</u>
	<b><u>\$1,399.43</u></b>

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

- (1) GIA report & sketch plan of **SHC6381A**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (4) Check In/Out Voucher
- (5) LTA 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: SHC6381A /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](mailto: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	16/07/2021 09:33 (SGT)
Date of Accident	16/07/2021 06:05 (SGT)
Exact Location of Accident	Bedok Central, Singapore
Additional Location Information	BEDOK CENTRAL // BEDOK NORTH AVE 3
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC6381A

### 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	YEN SEN FATT
NRIC No	SXXXX258G

Date Of Birth	16/12/1966
Occupation	Outdoor
Date Of Driving Pass	02/10/1996
Driving experience	24 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96585249
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 156 #11-334
Address complement	SIMEI ROAD
Postcode	520156
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 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	PAX IN THE REAR SEAT - CHINESE (FROM TADA CALL)
Gender	Female

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 - 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	SLS2506C
Vehicle Manufacturer	Mazda
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MALE CHINESE
Contact Number	(Phone) +65-97355308
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.
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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]* 57842586

16 JUL 2021

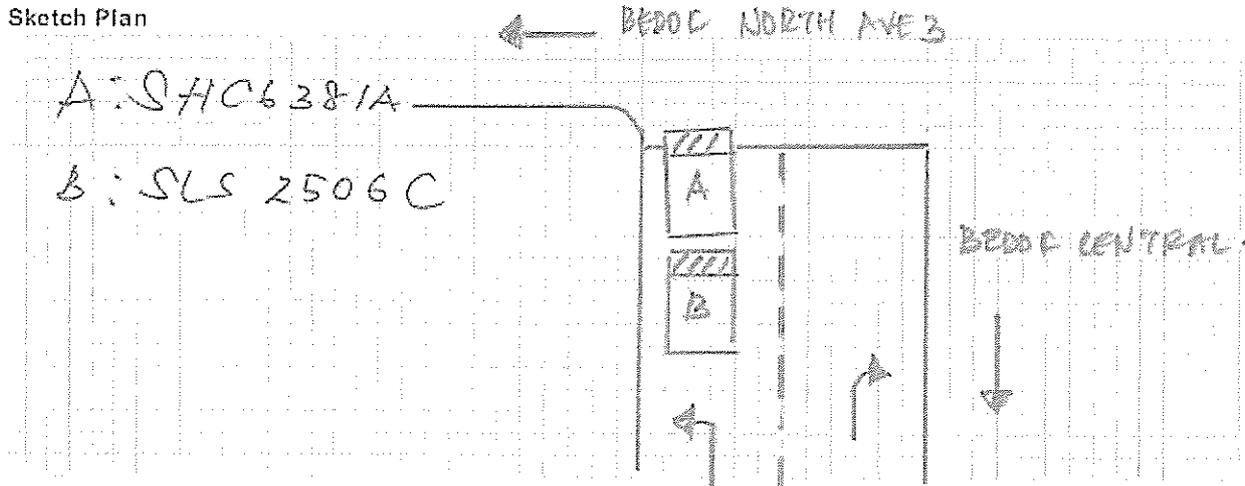
*[Signature]*

Policyholder's Signature / Date & Time

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

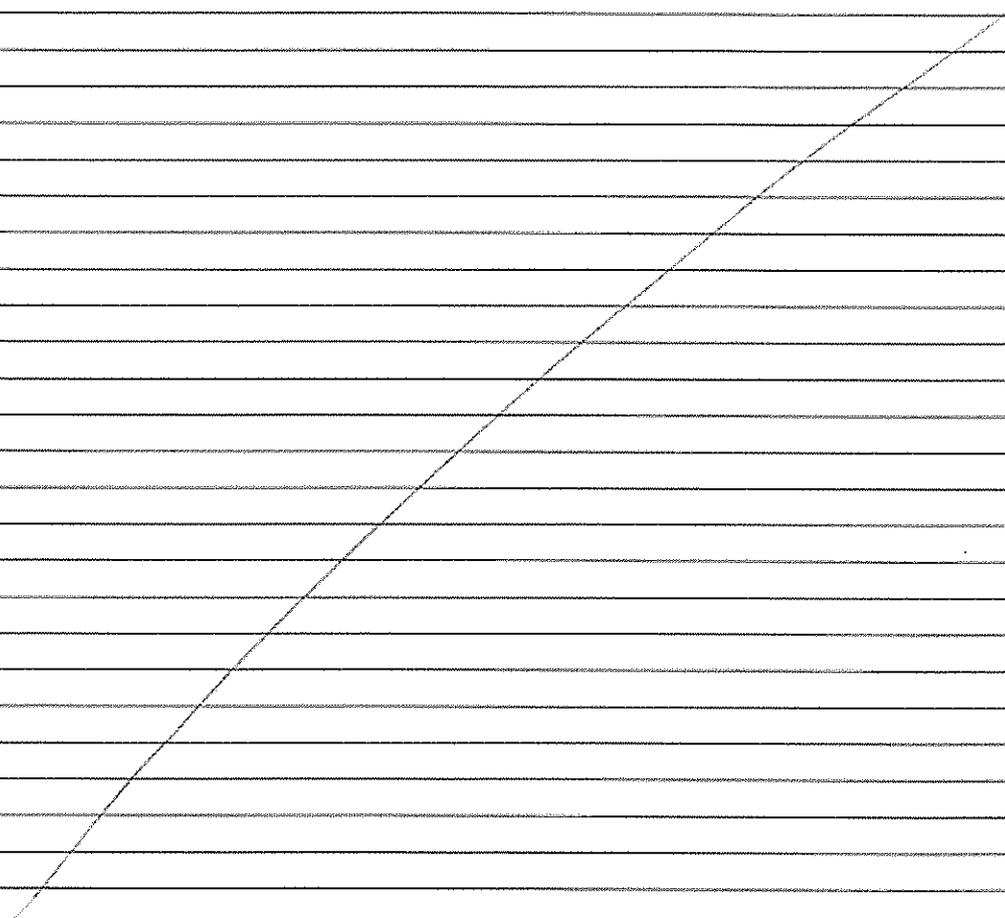
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to attached.



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 517842586

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

16 JUL 2021



Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident.

ON 16/07/2021 @ 06:05 HRS, I WAS DRIVING MY TAXI ( SHC 6381 A ) TRAVELLING ALONG BEDOK CENTRAL INTO BEDOK NORTH AVE 3 – ON THE LEFT LANE, WITH A PASSENGER ONBOARD.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP – GIVING WAY TO ONCOMING VEHICLES FROM THE RIGHT.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

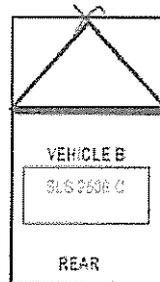
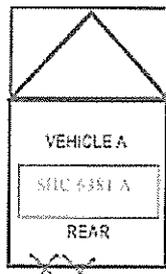
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SLS 2506 C – MAZDA ) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

NO INJURY INVOLVED. NO AMBULANCE AT SCENE.  
NO PASSENGERS ONBOARD VEHICLE B.

\*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI

THIRD PARTY  
VEHICLE

 S1784258G  
SHC 6381A

Driver's Signature & NRIC Number  
Friday, July 16, 2021 @ 9:24:20 AM

(attended by )



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**

India International Insurance Pte Ltd  
64 Cecil Stree #04 #05  
IOB Building  
Singapore 049711

DATE 21-Sep-2021  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC6381A			\$ 1,000.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,000.00
GST @ 7%				\$ 70.00
GRAND TOTAL				\$ 1,070.00



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:	06 Feb 2015 / 09:21:33	Receipt No.:	AACCK001-AX239-150206-000008
Asset Type:	Vehicle	Transaction Amount:	\$66,712.00
Asset ID:	SHC6381A	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150206092133373825		

Vehicle No.:	SHC6381A
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:	06 Feb 2015
Original Registration Date:	06 Feb 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5578017
Engine No.:	D4FDEH313286
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:	\$20,834.00
Minimum PARF Benefit:	\$8,200.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	06 Feb 2015 09:21:33
COE No.:	2015020601001516Z
COE Expiry Date:	05 Feb 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$52,904.00
Lifespan Expiry Date:	05 Feb 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** : 5107202885-02-000449

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **SHC6381A**  
Chassis Number : KNAGM414MF5578017
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



15 September 2021

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

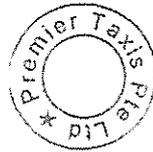
This letter serves to inform that Yen Sen Fatt of NRIC Number S1784258G is a registered driver of SHC6381A. Yen Sen Fatt is paying a discounted daily rental rate of \$60.99 (Inclusive of GST) on 16 Jul 2021.

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 0530  
[www.premiertaxi.com.sg](http://www.premiertaxi.com.sg)  
Co. Reg. No. 200304975H



REPLACEMENT VEH GIVEN YES / NO

VEH NO. \_\_\_\_\_

JOB NO. \_\_\_\_\_

**CHECK IN / OUT VOUCHER**

--	--	--	--	--	--	--	--	--	--

DRIVER'S NAME YEN SEN FATT CHIRER 1

NRIC S \_\_\_\_\_ HANDPHONE 96585249

VEH. REGN NO. SHC 6381 A MAKE / MODEL K02

DATE IN 220721 TIME IN 0945 DATE OUT 220721 TIME OUT 1300

KILOMETRES IN 594362 FUEL IN  E  1/4  1/2  3/4  F KILOMETRES OUT \_\_\_\_\_ FUEL OUT  E  1/4  1/2  3/4  F

CURRENT LOCATION

DATE / TIME TOWED IN TO WORKSHOP  
 D D M M Y Y H H M M

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION  
 D D 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**

YEN SEN FATT ✕  
 DRIVER'S NAME

YEN SEN FATT  
 DRIVER'S NAME

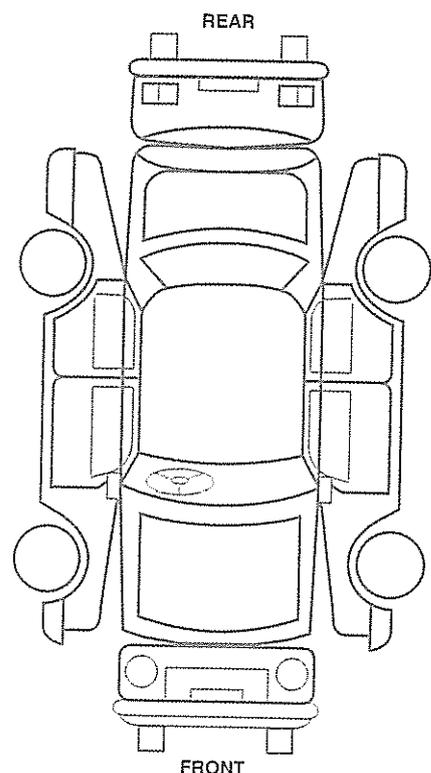
[Signature] ✕  
 DRIVER'S SIGNATURE / DATE / TIME

[Signature]  
 DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
 (PREMIER'S AUTHORISED WORKSHOP)

CHECKED OUT BY  
 (PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



- BODY MARKINGS**
- 1 - Light Dent
  - 2 - Serious Dent
  - 3 - Light Scratch
  - 4 - Serious Scratch
  - 5 - Damaged
  - 6 - Chip
  - 7 - Crack
  - 8 - Peeling

SERVICE / REPAIRS DONE

SERVICING       OTHERS:

T / BELT

AIRCON SYSTEM       ACCIDENT: DATE / TIME of ACCIDENT:  
160721 0605

TURBO

BRAKE SYSTEM

CLUTCH SYSTEM

BULB

UNDER CARRIAGE

CPF

BATTERY

TP/W

DRIVER'S REMARKS



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Jul 2021 / 09:41:48

Receipt Date/Time : 16 Jul 2021 / 09:41:47

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-210716-000627

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLS2506C As at 16 Jul 2021/06:05:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SLS2506C Enquiry Fee 20210716094051045571	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
<b>Paid By</b>				
	462845XXXXXX8682	eNETS Credit Card		7.45
<b>Total</b>				7.45
<b>Cash Change</b>				0.00
<b>Tendered Amount</b>				7.45
<b>Excess Refundable Amount</b>				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.