

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: **SHD1077G/VC**

WITHOUT PREJUDICE

11 August 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 SHD1077G & SLR4642J ALONG EAST COAST ROAD ON 30.07.21

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1077G**, 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: **SLR4642J** at the material time of the accident with the driver of our client's vehicle, **Mr. Mohamed Noor Bin Isahak**

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SLR4642J**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 1,284.00
(2) Loss of Rental – 6 Days @\$50.99 per day	\$ 305.94
(3) Loss of Income – 6 Days @\$100.00 per day	\$ 600.00
(4) LTA search	\$ 7.45
	<u>\$ 2,197.39</u>

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

- (1) GIA report & sketch plan of **SHD1077G**
- (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: SHD1077G/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

DID: 6544 6689

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.



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 Street #04 #05
IOB Building
Singapore 049711

DATE 11-Aug-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1077 G			\$ 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)



06 August 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Mohamed Noor Bin Isahak of NRIC Number S1190568D is a registered driver of SHD1077G. Mohamed Noor Bin Isahak is paying a discounted daily rental rate of \$50.99 (Inclusive of GST) on 30 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 0330
www.premiertaxi.com.sg
Co. Reg. No. 20030497511



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	30/07/2021 18:17 (SGT)
Date of Accident	30/07/2021 12:20 (SGT)
Exact Location of Accident	Near 669 E Coast Rd, Singapore 459046
Additional Location Information	Along East Coast Road - traffic light junction
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1077G
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	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

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	MOHAMED NOOR BIN ISAHAK
NRIC No	SXXXX568D

Date Of Birth	22/07/1956
Occupation	Outdoor
Date Of Driving Pass	03/04/1978
Driving experience	43 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94595857
Alt. Phone Number	-
Email Address	claims@premiertaxi.com
Address	BLK 50 CHAI CHEE STREET, #03-819
Address complement	-
Postcode	461050
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 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	FEMALE PASSENGER
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 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	SLR4642J
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private hire

Name of Driver	CHINESE MALE
Contact Number	(Phone) +65-97769651
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	MALE CHINESE
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED NOOR BIN ISAHAK
Address	BLK 50 CHAI CHEE STREET
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT DISCOMFORT ON THE NECK AND WILL SEEK MEDICAL TREATMENT, IF NECESSARY
Injured person in which vehicle?	SHD1077G
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.
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.

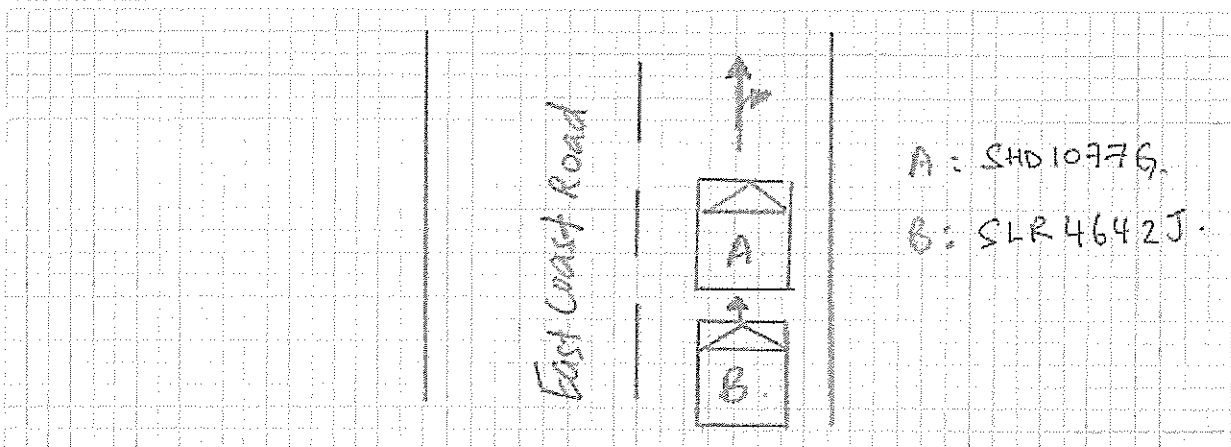


Policyholder's Signature / Date & Time

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 the
attached statement

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time


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

Witnessed by Reporting Centre
Personnel

On 30/07/2021

51190568D

4



Describe Circumstances of the Accident.

ON 30.07.21 @ 12:20 HRS, I WAS DRIVING MY TAXI (SHD 1077 G – KIA OPTIMA/SILVERCAB), TRAVELING ALONG EAST COAST ROAD, ON THE RIGHT LANE, WITH 1 FEMALE PASSENGER ONBOARD.

TRAFFIC LIGHT WAS RED AND I SLOWED DOWN TO A STOP AS THE VEHICLE AHEAD OF ME STOPPED.

WHILE STATIONARY, I SUDDENLY FELT AN IMPACT FROM THE REAR. VEHICLE B (SLR 4042 J – MAZDA/WHITE) APPROACHING FROM THE REAR, HIT ONTO MY TAXI'S REAR PORTION.

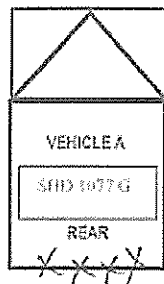
DUE TO THE IMPACT, MY TAXI SUSTAINED DAMAGES ON THE REAR PORTION. VEHICLE B SUSTAINED DAMAGES ON THE FRONT PORTION.

I FEL SOME DISCOMFORT ON MY NECK AND WILL SEEK FOR MEDICAL TREATMENT, IF NECESSARY.

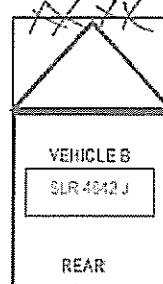
VEHICLE B NO INJURY INVOLVED.
NO AMBULANCE AT SCENE.

SCENE VIDEO CAPTURED



DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 WY 81190568/D 

Driver's Signature & NRIC Number
Friday, July 30, 2021 @ 5:01:40 PM

(attended by)

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	29 Jan 2016 / 09:38:20	Receipt No.:	AACCK001-AX239-160129-000006
Asset Type:	Vehicle	Transaction Amount:	\$68,670.00
Asset ID:	SHD1077G	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20160129093820230516		
Vehicle No.:	SHD1077G		
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:	29 Jan 2016		
Original Registration Date:	29 Jan 2016		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5659206		
Engine No.:	D4FDFH314393		
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:	2015		
Open Market Value:	\$22,302.00		
Minimum PARF Benefit:	\$13,933.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	29 Jan 2016 09:38:20		
COE No.:	2016012901003601G		
COE Expiry Date:	28 Jan 2024		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$45,307.00		
Lifespan Expiry Date:	28 Jan 2024		

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 : 5107202885-02-000859

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1077G**
Chassis Number : KNAGM414MF5659206
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	: UNITED OVERSEAS BANK LIMITED
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

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time.: 30 Jul 2021 / 17:37:45

Receipt Date/Time : 30 Jul 2021 / 17:37:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210730-002938

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 - SLR4642J				
As at 30 Jul 2021/12:20:00				
Insurance Co: INDIA INT'L INS PTE LTD				
Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SLR4642J			
	Enquiry Fee	7.00	0.49	7.49
	20210730173655620530			
	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.

CHECK IN / OUT VOUCHER

REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

DRIVER'S NAME **MOHAMED NOOR BIN ISAHAK**

NRIC **S**

HANDPHONE **94595857**

VEH. REGN NO. **SHD10776**

MAKE / MODEL **KO2**

DATE IN **300721** TIME IN **1540**

DATE OUT **040821** TIME OUT **1400**

KILOMETRES IN 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

DD MM YY HH MM

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

DD MM YY HH MM

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

MOHAMED NOOR ISAHAK ✓

DRIVER'S NAME

[Signature] ✓

DRIVER'S SIGNATURE / DATE / TIME

[Signature]

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

MOHAMED NOOR ISAHAK

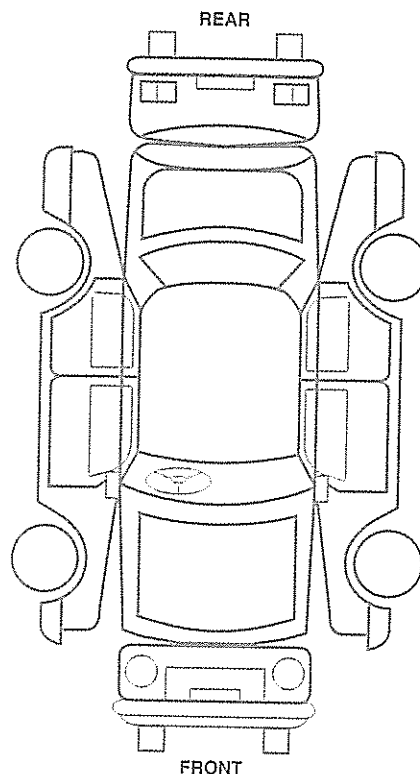
DRIVER'S NAME

[Signature]

DRIVER'S SIGNATURE / DATE / TIME

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

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 |

SERVICE / REPAIRS DONE

☐ SERVICING ☐ OTHERS:

☐ T / BELT

☐ AIRCON SYSTEM

☐ TURBO

☐ BRAKE SYSTEM

☐ CLUTCH SYSTEM

☐ BULB

☐ UNDER CARRIAGE

☐ CPF

☐ BATTERY

ACCIDENT: DATE / TIME of ACCIDENT:

300721 1220

TP/V

DRIVER'S REMARKS