

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: SHC6420X/WD/bk

WITHOUT PREJUDICE

25 September 2021

(By Email Only)

Attn: The Motor Claims Department

China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road #16-00

Springleaf Tower

Singapore 079909

Dear Sir/Madam

**ACCIDENT INVOLVING SHC6420X AND YN5607Y ALONG CRAWFORD ST
ON 20.07.2021**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6420X**, 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: **YN5607Y** at the material time of the accident with the driver of our client's vehicle, **Mr. Gan Wee Wah**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **YN5607Y**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 1070.00
(2) Loss of Rental – 4 Days @\$60.99 per day	\$ 243.96
(3) Loss of Income – 4 Days @\$100.00 per day	\$ 400.00
(4) GIA Search fee	\$ 2.00
	<u>\$ 1,715.96</u>

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

- (1) GIA report & sketch plan of **SHC6420X**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (4) Check In/Out Voucher
- (5) GIA search

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Our Ref: **SHC6420X/WD/bk**

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 – Boon Kai

Email: boonkai.ng@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.



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	21/07/2021 17:18 (SGT)
Date of Accident	20/07/2021 03:55 (SGT)
Exact Location of Accident	Crawford St, Singapore
Additional Location Information	CRAWFORD STREET // NORTH BRIDGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6420X
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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	GAN WEE WAH
NRIC No	SXXXX974G



Date Of Birth	18/07/1963
Occupation	Outdoor
Date Of Driving Pass	29/05/1990
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90990944
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 98 #12-162
Address complement	WHAMPOA DRIVE
Postcode	320098
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

BOTH VEH. - 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	YN5607Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	RANNAH
Contact Number	(Phone) +65-84580714

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.
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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.

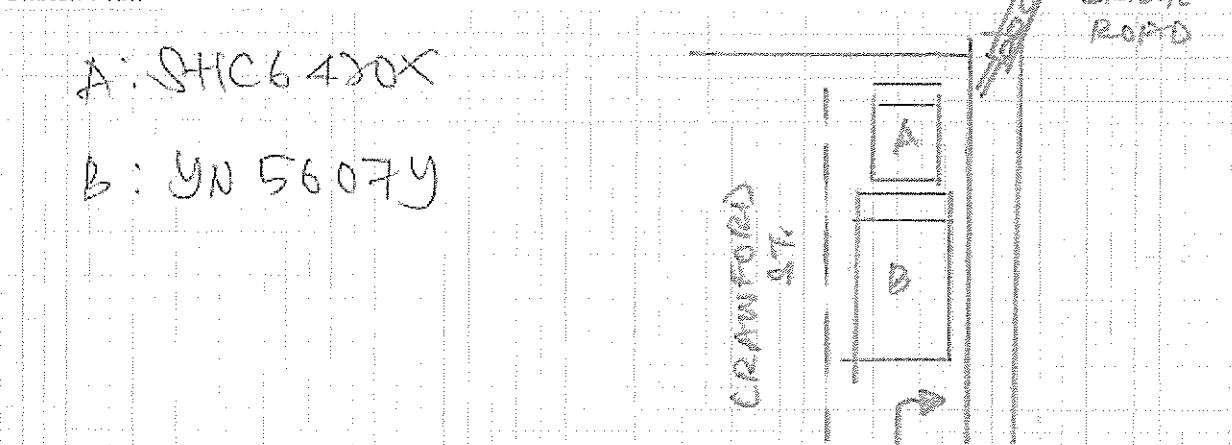


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Declaration

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Describe Circumstances of the Accident.

ON 20/07/2021 @ 03:55 HRS, I WAS DRIVING MY TAXI (SHC 6420 X)
TRAVELLING ALONG CRAWFORD STREET AT THE TRAFFIC LIGHT JUNCTION OF
NORTH BRIDGE ROAD – ON THE RIGHT LANE.

I STOPPED MY TAXI AS TRAFFIC LIGHT WAS RED AT THE POINT OF TIME.

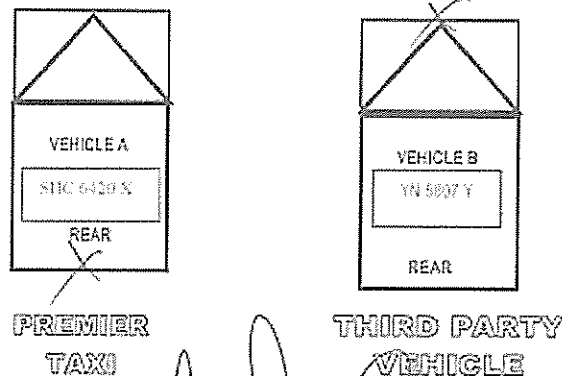
WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (YN 5607 Y – LORRY) 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 BOTH VEHICLES.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



Driver's Signature & NRIC Number
Wednesday, July 21, 2021 @ 4:59:22 PM

S1601974G

(attended by P.)



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

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road # 16-00 Springleaf Tower
SINGAPORE 079909

DATE 25-Sep-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC6420X			\$ 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:	19 Mar 2015 / 09:45:00	Receipt No.:	AACCK001-AX239-150319-000013
Asset Type:	Vehicle	Transaction Amount:	\$65,621.00
Asset ID:	SHC6420X	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150319094500594279		

Vehicle No.:	SHC6420X
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:	19 Mar 2015
Original Registration Date:	19 Mar 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5588263
Engine No.:	D4FDEH313629
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:	\$21,349.00
Minimum PARF Benefit:	\$8,633.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	19 Mar 2015 09:45:00
COE No.:	2015031901002273R
COE Expiry Date:	18 Mar 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$51,092.00
Lifespan Expiry Date:	18 Mar 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 : 5107202885-02-000477

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHC6420X**
Chassis Number : KNAGM414MF5588263
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



16 September 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Gan Wee Wah of NRIC Number S1601974G is a registered driver of SHC6420X. Gan Wee Wah is paying a discounted daily rental rate of \$60.99 (Inclusive of GST) on 20 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 "L." with a small dot.



Chin Bee Lian (Ms)

Assistant Vice President

Taxis Administration

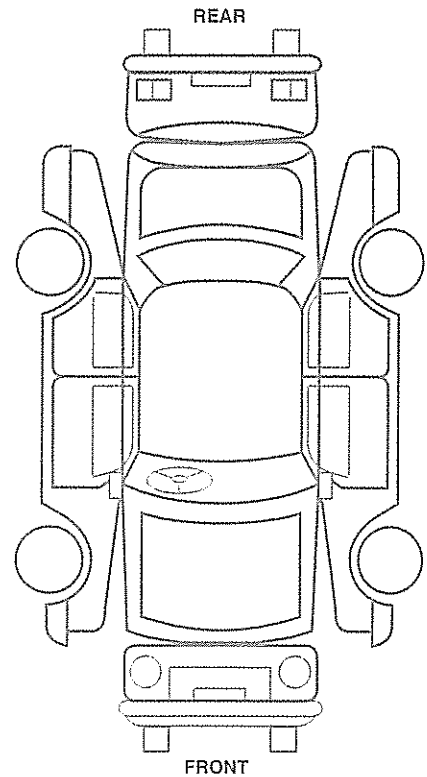
Prepared by: Hasnah

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**

DRIVER'S NAME GAN WEE WAH		CHIRER?	
NRIC S: XXXXXXXX	HANDPHONE 90990944		
VEH. REGN NO. SHG 6420X	MAKE / MODEL KO2		
DATE IN 020821	TIME IN 1600	DATE OUT 050821	TIME OUT 1650
KILOMETRES IN 540202	FUEL IN E 1/4 1/2 3/4 F	KILOMETRES OUT	FUEL OUT E 1/4 1/2 3/4 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 D M M Y Y H H M M A A

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

D D M M Y Y H H M M A 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

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

 CHECKED IN BY
 (PREMIER'S AUTHORISED WORKSHOP)
CHECK OUT

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

 CHECKED OUT BY
 (PREMIER'S AUTHORISED WORKSHOP)

SERVICE / REPAIRS DONE <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	DRIVER'S REMARKS <div style="font-size: 2em; margin-top: 20px;">200721</div> <div style="font-size: 2em; margin-top: 10px;">TP/W</div>
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INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

YN5607Y

Date of Accident

20/07/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**Period of Insurance **28/07/2020 - 27/07/2021**Requested By **GOH WEE DEK (PREMIER AUTO...**Requested Date **21/07/2021 17:24****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**