

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02  
SINGAPORE 486443  
TEL:64100946 FAX:62141511  
CO. REG:200707743D GST REG:200707743D

Our Ref: SHD1352L/WD

WITHOUT PREJUDICE

14 February 2022

(By Email Only)

Attn: The Motor Claims Department

Lonpac Insurance Bhd  
300 Beach Road #17-04/07  
The Concourse  
Singapore 199555

Dear Sir/Madam

## ACCIDENT INVOLVING SHD1352L & YN7214J ALONG WOODLANDS AVE 12 ON 24.08.2021

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1352L**, 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: **YN7214J** at the material time of the accident with the driver of our client's vehicle, **Mr. Yap Chin Guan**

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **YN7214J**, our client's vehicle was damaged and we have been put to loss and damage as follows:

1. Cost of Repair (include GST)	\$ 10,914.00
2. Loss of Rental (7 days x \$47.30 per day)	\$ 331.10
3. GIA Search Fee	\$ 2.00
	<u>\$ 11,247.10</u>

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

- 1) GIA report & sketch plan of **SHD1352L**
- 2) Final Repair bill
- 3) Vehicle Registration card, Certificate of Insurance, Certification 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: SHD1352L/WD

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 – Goh Wee Dek**

Email: [weedek.goh@premierauto.com.sg](mailto:weedek.goh@premierauto.com.sg)

DID: 6544 6682

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

Premier Taxis Pte Ltd  
23 Changi South Ave 2  
Singapore 486443

## TAX INVOICE

DATE 10-Feb-2022  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30 REGN NO: SHD1352L			\$ 10,200.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 10,200.00
GST @ 7%				\$ 714.00
GRAND TOTAL				\$ 10,914.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



09 February 2022

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

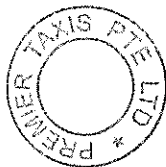
This letter serves to inform that Yap Chin Guan of NRIC Number S1742332J is a registered driver of SHD1352L. Yap Chin Guan is paying a discounted daily rental rate of \$47.30 (Inclusive of GST) on 24 Aug 2021.

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", written over a vertical line.



Chin Bee Lian (Ms)

Assistant Vice President

Taxis Administration

Prepared by: LL

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



## 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	27/08/2021 12:05 (SGT)
Date of Accident	24/08/2021 15:20 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1352L
-----------------------------	----------

#### 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	YAP CHIN GUAN
NRIC No	SXXXX332J



Date Of Birth	07/01/1966
Occupation	Outdoor
Date Of Driving Pass	19/12/1983
Driving experience	37 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98070374
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 843 #06-83
Address complement	WOODLANDS ST 82
Postcode	730843
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 - Change/cross lane
Weather Conditions	SLIGHT DRIZZLING
Road Surface	SLIGHT 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?	Yes
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
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT  
INSURED VEHICLE CURRENTLY IN TRAFFIC POLICE, NO PHOTOS UPLOADED

VEH. A - 1 PAX  
VEH. B - NO PAX

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN7214J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	MR TAN
Contact Number	(Phone) +65-92273806
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	YAP CHIN GUAN - DRIVER OF VEH. A
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	I/D WARDED IN KHOO TECK PHUAT FOR A NIGHT & GRANTED 7 DAYS MC
Injured person in which vehicle?	SHD1352L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

**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.



X JAF 51742332J

27 AUG 2021

*[Signature]*

Policyholder's Signature / Date & Time

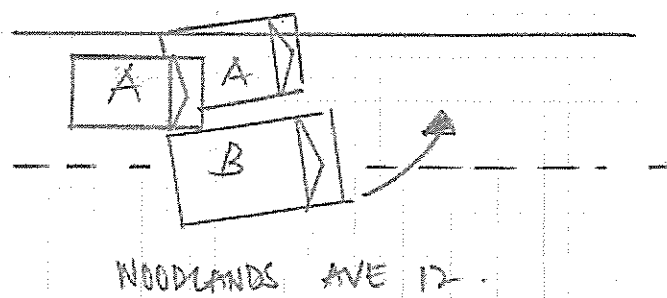
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A: WHD B 52L

B: YN 7214J





Describe Circumstances of the Accident

Refer to attach photo report

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

27 AUG 2021

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210825/2118

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 3

Report No. T/20210825/2118

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2021 17:56		Vide Report No.:		Station Diary No.: 82	
<b>Informant's Particulars</b>					
Name of Informant: YAP CHIN GUAN			Address: APT BLK 843 WOODLANDS STREET 82 #06-83 SINGAPORE 730843		
ID Type / ID No.: NRIC NO / S1742332J			Contact No.: Home/Office: Mobile: 98070374		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 07/01/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/08/2021 15:25	Type of Location: Straight Road
Location:  WOODLANDS AVENUE 12				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1352L	taxi	HYUNDAI	I30 GDH 1.6 TCI 5DR DCT		Seriously Damaged	1
YN7214J	Lorry				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210825/2118

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

2 of 3

Report No. T/20210825/2118

**CONTINUATION OF REPORT**

**Brief Details.**

On the 24/08/2021 at about 1525hrs, I (SHD1352L) was driving my taxi along woodlands Ave 12 towards gambas, Infront of mega.

I was travelling along lane 3, when a lorry (YN7214J) from lane 2 filtered into my lane. The lorry did not notice me and continued filtering into my lane. The lorry's left side then hit the front right of my taxi, which cause my taxi to hit the curb and bounce back.

After the accident I could not get out from my taxi, I felt chest pain and breathing difficulty. The lorry driver (Tan 92273806) and witness(+6591905064) called for ambulance. I was then conveyed to KTPH and given 7 days MC from 24/08/2021 to 30/08/2021.

TP was at scene and they took my phone number, and return me my taxi keys informing me that they would tow my taxi back. TP also informed me that they have taken my in car camera memory card.

I came to lodge a traffic accident report at the soonest possible time.



**SINGAPORE  
POLICE FORCE**



T/20210825/2118

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

3 of 3

Report No. T/20210825/2118

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:

L /

Sgt 3 JONATHAN LOW JIN HUA

Signature Of Informant:

*[Handwritten Signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

25/08/2021 17:56

Officer In Charge Of Case:

TP / GIT /

SI GOH WEI LI

SN 130

Contact No.: 65476394

Authentication Stamp

Ne-69

Signature:

**Singapore Police Force**

Classification Of Case:

## 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 :** 5107202885-02-001016

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SHD1352L**  
Chassis Number : TMAD281UVHJ119103
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**



**PREMIER**  
AUTOMOTIVE SERVICES

REPLACEMENT VEH GIVEN YES / NO

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

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

**CHECK IN / OUT VOUCHER**

DRIVER'S NAME <u>Yap Chin Guan</u>											
NRIC S <u>XXXX3325</u>	HANDPHONE <u>98070374</u>										
VEH. REGN NO. <u>SHD 1352 L</u>	MAKE / MODEL <u>1304</u>										
DATE IN <u>27/08/21</u> TIME IN <u>1440</u>	DATE OUT <u>03/09/21</u> TIME OUT <u>0900</u>										
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							

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**

Twin, from company

Chen Mei X

DRIVER'S NAME

DRIVER'S NAME

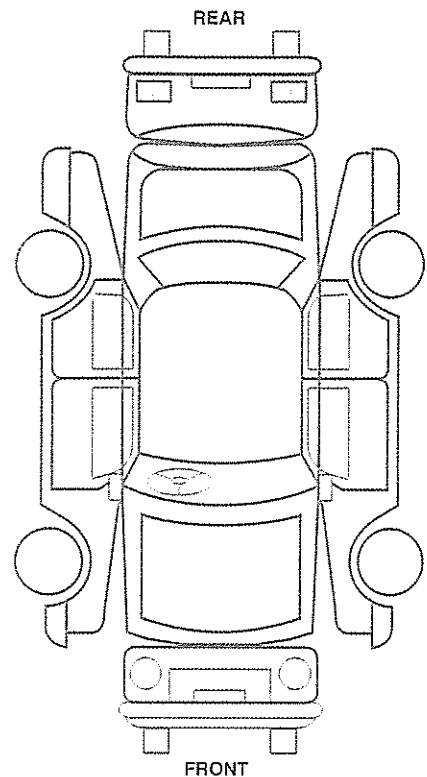
DRIVER'S SIGNATURE / DATE / TIME

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      | 5 - Damaged |
| 2 - Serious Dent    | 6 - Chip    |
| 3 - Light Scratch   | 7 - Crack   |
| 4 - Serious Scratch | 8 - Peeling |

SERVICE / REPAIRS DONE	DRIVER'S REMARKS																				
<table border="0"><tr><td><input type="checkbox"/> SERVICING</td><td><input type="checkbox"/> OTHERS:</td></tr><tr><td><input type="checkbox"/> T / BELT</td><td></td></tr><tr><td><input type="checkbox"/> AIRCON SYSTEM</td><td>ACCIDENT: DATE / TIME of ACCIDENT:</td></tr><tr><td><input type="checkbox"/> TURBO</td><td><u>240821 1520</u></td></tr><tr><td><input type="checkbox"/> BRAKE SYSTEM</td><td></td></tr><tr><td><input type="checkbox"/> CLUTCH SYSTEM</td><td></td></tr><tr><td><input type="checkbox"/> BULB</td><td><u>QW</u></td></tr><tr><td><input type="checkbox"/> UNDER CARRIAGE</td><td></td></tr><tr><td><input type="checkbox"/> CPF</td><td></td></tr><tr><td><input type="checkbox"/> BATTERY</td><td></td></tr></table>	<input type="checkbox"/> SERVICING	<input type="checkbox"/> OTHERS:	<input type="checkbox"/> T / BELT		<input type="checkbox"/> AIRCON SYSTEM	ACCIDENT: DATE / TIME of ACCIDENT:	<input type="checkbox"/> TURBO	<u>240821 1520</u>	<input type="checkbox"/> BRAKE SYSTEM		<input type="checkbox"/> CLUTCH SYSTEM		<input type="checkbox"/> BULB	<u>QW</u>	<input type="checkbox"/> UNDER CARRIAGE		<input type="checkbox"/> CPF		<input type="checkbox"/> BATTERY		
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<input type="checkbox"/> CPF																					
<input type="checkbox"/> BATTERY																					


## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

YN7214J

Date of Accident

24/08/2021 

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **Lonpac Insurance Bhd**Period of Insurance ..... **29/12/2020 - 28/12/2021**Requested By ..... **WONG ZHI XIANG (PREMIER A...**Requested Date ..... **27/08/2021 13:09**

## 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**